

# **Action research exploring the development of solution focussed techniques for children with learning difficulties**

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A research study submitted in partial fulfilment of the requirements of the University of East London for the Professional Doctorate in Educational and Child Psychology

## Declaration

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This work has not previously been accepted for any degree and it is not currently being submitted for any other degrees.

This research is being submitted in partial fulfilment of the requirements of the University of East London for the degree of Applied Educational and Child Psychology.

The thesis is the result of my own work and investigation, except where otherwise stated. Other sources are acknowledged by explicit references in the text. A full reference list is included in the thesis.

I hereby give permission for my thesis, if accepted, to be available for reading and for inter-library loans, and for the title and summary to be made available to outside organisations.

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Laura Barton

April 2015

## Acknowledgements

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There are many people in my professional and personal life who have supported me with the completion of this thesis.

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## **Abstract**

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This action research study aimed to develop the researcher's use of Solution Focussed techniques with children and young people with severe or moderate learning difficulties. A literature review highlighted the limited evidence base in this area and a number of concerns around the applicability of some of the techniques with this population. The research was carried out in light of the Children's and Families Bill, 2014 and related SEN Code of Practice, which emphasises person-centred planning and the Government's initiative to increase access to psychological therapies.

The researcher recruited 10 young people attending specialist educational provision as participants. Solution focussed techniques were systematically trialled in partnership with them and adapted through an Action Research cycle. Video recording was utilised to analyse responses and efficacy. The young people were also consulted regarding their views of the techniques and their feedback was used to inform the development of resources and practices. These developments have the potential to inform EP's and other professionals' work in this important area.

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## List of Abbreviations

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<b>BPS</b>	British Psychological Society
<b>BSFT</b>	Brief Solution Focussed Therapy
<b>DfE</b>	Department for Education
<b>DfES</b>	Department for Education and Skills
<b>DoH</b>	Department of Health
<b>EP</b>	Educational Psychologist
<b>EPS</b>	Educational Psychology Service
<b>HCPC</b>	Health and Care Professions Council (from August 2012)
<b>HPC</b>	Health Professions Council (prior to August 2012)
<b>ID</b>	Intellectual Disability
<b>IQ</b>	Intelligence Quotient
<b>MLD</b>	Moderate Learning Difficulties
<b>PMLD</b>	Profound and Multiple Learning Difficulties
<b>SEN</b>	Special Educational Needs
<b>SENCo</b>	Special Educational Needs Co-ordinator
<b>SFBT</b>	Solution Focussed Brief Therapy
<b>SFBTA</b>	Solution Focussed Brief Therapy Association
<b>SLD</b>	Severe Learning Difficulties
<b>TEP</b>	Trainee Educational Psychologist
<b>UEL</b>	University of East London
<b>UK</b>	United Kingdom



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# **Chapter 1: Introduction**

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## **1.1 Introduction to the current chapter**

In this chapter I will introduce the research and the context it was undertaken within. I will explain the development for this research and the thought processes that led me to undertake such a piece of research. The research focuses on children and adolescents with learning disabilities and their ability to access a therapeutic technique. This introductory chapter describes the national and local context including the new changes in how children and young people with special educational needs are supported within England.

## **1.2 Definition of terms**

I will aim to define some of the regularly used terms within this piece of research. There is a range of terminologies used within society in the area of learning disabilities and young people.

### **1.2.1 Learning difficulties**

There is often confusion with terminology around learning difficulties. There are many different terminologies used including; learning disability, developmental disability, intellectual disability and outdated terms such as mentally handicapped. There are variations in terminology between generations of the population as well as between different countries, for example America and Canada often use the phrase 'intellectual disability'. Within the UK the Department of Health uses the term 'learning disability' in their policy documents. It is felt by some (DoH, 2001) that this term reflects the wide and complex nature of disability rather than using the phrase learning difficulty which has been suggested to represent a specific area of need.

In 2001, The Department of Health developed a white paper titled, Valuing People: a new strategy for learning disability for the 21<sup>st</sup> century (2001). They define a learning disability as below:

*Learning disability includes the presence of:*

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;*
- A reduced ability to cope independently (impaired social functioning);*
- which started before adulthood, with a lasting effect on development.*

Department of Health, 2001 p14

The DoH definition allows for a wide range of need within the term 'learning disability'. The definition makes reference to the disability starting before adulthood, therefore when the individual was a child or young person.

The DoH definition and terminology is usually applied when the individual is an adult. Within the education system different terminologies and definitions are used. Usually children are described as having a learning difficulty, which could be categorised as severe or moderate. In the UK, the terms learning disability and learning difficulties are often used interchangeably (DoH, 2001).

The opinion of the authors of Valuing People is that many individuals with learning difficulties say they prefer the term 'difficulties' rather than 'disabilities'. Due to this wish and that this research is being undertaken within a school with young people, the terminology used within this research will be 'learning difficulties', unless quoting from another author.

### **1.2.2. Special Educational Needs**

In 2014 the Department for Education released figures of the level of special educational needs. The figures show that in January 2014, 17.9% of pupils in schools in England were classed as having special educational needs, with 2.8% of pupils having a statement of special educational needs.

In 2014 the Government passed new legislation including the Children and Families Act and the relating code of practice (DfE, 2015). This new code of practice supersedes the previous 2001 edition. The 2015 SEN code of practice (DfE, 2015) states;

*“A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.”* (2015, p15)

Of the 2.8% of children with a statement of special educational needs, 40.5% of them attend a maintained specialist provision. Within the specialist provisions the three most frequent primary needs are; Severe Learning Difficulty, Autistic Spectrum Disorder and Moderate Learning Difficulty.

Due to the changes in legislation occurring whilst this piece of research was in progress, the young people who participated in the research were assessed following the legislation as outlined in the 2001 code of practice (DfES, 2001).

### **1.2.3 Young people**

There is a range of terminology used for describing people aged between 13 and 19 years old. Sometimes they are called children, adolescents, or young people. Within an educational establishment the terminology is often pupils or students. The Government uses the term ‘young people’ in its policies when referring to people aged between 13-19 years of age. In this research the participants fall within that age range and therefore will be known as young people.

### **1.3 National context**

Children are becoming more involved in decisions about their own life, and are seen as having important ideas and experiences to share (Cassidy, 2012). Komulainen (2007) reports more people would like children to be more involved

in the public decision making process. To try to ensure that this happens, important pieces of guidance and legislation have been written.

The 1981 Education Act makes references that children should be consulted on educational provision and their feelings and perceptions should be taken in to account. The new Children's and Family Act has taken this further saying that if a child is over the age of 16 years old, then their wishes take a precedence above the wishes of their parents when choosing future educational placements. The act also discusses the importance for children, young people and their families to be involved in decisions about treatment and interventions. The level of participation and involvement of the children and young people is not dictated in the policy documents. Reference is made to the involvement needing to be appropriate for the child's age, maturity and cognitive ability, leaving practitioners to interpret the guidance in their own way. Milner and Bateman (2011) make reference to practitioners often espousing to work in child-centred ways, though the children's evaluations of the practitioners' involvement does not support this.

Traditionally people with learning disabilities have had very little or even no access to any form of psychotherapeutic interventions, though Willner (2005) notes that there has been some increase in recent years. One potential barrier to increasing the access to people with learning difficulties is the limited research and evidence base. Willner continues by saying that there is very little evidence on effective intervention delivery or on the importance of specific components of therapeutic packages with people with learning difficulties. This is a largely under-researched area and it is reported that people with learning difficulties are missing out on the much needed therapeutic interventions (Willner, 2005).

### **1.3.1 Legislation**

The UK Government has recently implemented new guidance on how professionals should work with and support families as well as children and

young people who have Special Educational Needs (SEN) (DfE, 2015). One theme that is evident from this document is the importance of person-centred planning and empowering the children and young people, and their families through their involvement in the decision making process. The new Code of Practice (DfE, 2015) encourages a greater emphasis on eliciting the views of the children and young people with SEN especially within the decision making processes. Currently it is common practice for Educational Psychologists to gain the views of the child or young person they are working with. Educational Psychologists feel well placed to be able to gather this insight from the child or young person.

Educational Psychologists use a range of different methods to elicit the views of the young people they work with. Sometimes their involvement with a child or young person is more than gathering views and they may plan and deliver a therapeutic intervention. Following the new legislation, the young person and their family should be involved with the decision making process of the intervention and how it will be delivered.

#### **1.4 Local Context and background**

The local authority EPS where the research was undertaken has adopted a solution oriented approach to its service delivery model. This is shown through the way the EPS is structured and developed.

The EPS maintains a commitment to ensure it listens to the children and young people they work with. Previous publications have focussed on eliciting views and supporting pupil participation, (ECC, 2003). Following the changes in legislation the EPS has embraced the new ways of working and has adapted the service delivery to a person-centred approach.

Following the guidance from the Government (DfE, 2015), the local authority EPS is involved with transferring current statements to the new Education, Health and Care Plans following person-centred ways of working. This involves the EPs working individually with all those young people who currently have a statement

and explore their personal wishes and aspirations for the future. The EPS supported this exploration of different approaches that could be used with young people with learning difficulties.

### **1.5 Educational Psychologist role**

Ashton and Roberts (2006) highlighted that Educational Psychologists express gaining and valuing pupils' views is pivotal to their role. However, some EPs and other professionals working with young people with learning difficulties, have found it difficult to enable the child or young person with SEN to access the decision making process and to elicit their true views (Klein, 2003). There appears to be a slight lack of confidence amongst some Educational Psychologists when they are required to work with children who have severe learning difficulties leading to a big discrepancy in the work that they implement (Farrell & Venables, 2009). MacKay and Boyle (1994), found a disparity between what the schools would like Educational Psychologists to do and what they feel they are doing, in regards to their work with children with learning difficulties. Ashton and Roberts (2006) also commented on a difference between what EPs would like to do: valuing pupil's views and what SENCos preferred: more traditional EP assessment roles.

The area of using therapeutic approaches with individuals with a learning difficulty is a relatively under researched area. The researchers who have begun to explore this area have focussed on using solution focussed approaches with adults with a learning difficulty or developmental delay (Stoddart, McDonnell, Temple & Mustata, 2001). There is limited documented research on using a solution focussed approach with children with learning disabilities or a developmental delay.

This gap in the research led me to want to expand my own knowledge and practice and therefore conduct a piece of research. Through the process of developing accessible adaptations to solution focussed techniques it is hoped by

myself and by the EPS that I will create a set of practical and tangible resources that colleagues could use in their daily practice. It is hoped that therapeutic techniques and approaches can then be used with a wider range of children and young people.

EPs are required to remain up-to-date with their professional practice (HCPC, 2008). Professional practice can be shaped by two main methods. Firstly by theories created from previous research which ensures reliable practices; this is largely known as evidence-based practice. The other method of shaping professional practice is known as practice-based evidence. Following this method, practitioners try new ways of working and evaluate their work.

Action research is a method of practice-based evidence and can be used to help inform professional practice. Robson (2002) highlights the link between theory and practice and how they improve each other (2002, p11). In action research the researcher holds themselves accountable. They do not expect others to do anything they are not prepared to first (McNiff & Whitehead, 2011). By evaluating their professional practice, practitioners can strive to deliver an effective service to those they are supporting. Action research aims to make changes and improvements to current practice and ways of working. Atweh, Kemmis and Weeks (1998) maintain that by being an active participant in the research, and then the practitioners are more likely to develop and engage in more effective practices, be able to make better decisions and ultimately develop their professional practice.

## **1.6 The mental health of young people with learning difficulties**

Psychological problems often occur in people who have intellectual disabilities (Roeden, Maaskant, Bannink & Curfs, 2011). Individuals with intellectual difficulties experience many more behavioural difficulties and psychiatric disorders than their neurotypical peers. In 2001 The Department of Health stated that there were 65,000 children and young people with a learning difficulty and



they make reference to the prevalence of individuals with a learning difficulty increasing by 1% over the next 15 years. Research indicates that many individuals who have a learning difficulty are likely to also have mental health difficulties. Emerson and Hatton (2007) discuss that it is likely that 35-40% of children with a learning difficulty will have a diagnosable psychiatric disorder. Children with a learning difficulty also account for 14% of all children with a diagnosable psychiatric disorder in Britain (Emerson & Hatton, 2007).

Emerson and Hatton discuss some of the problems with current identification methods of the young person's mental health needs; many measures that are used to identify and diagnose mental health problems are not accessible to children and adolescents with learning difficulties. This issue may lead to a child or young person's mental health needs not being identified and recognised. Therefore, the young person with mental health needs may not be given the same therapeutic support that their neurotypical peers may receive. With the prevalence of having a psychiatric disorder being significantly higher in children and young people with a learning difficulty than in those without a learning difficulty, and the possibility that some young people have undiagnosed mental health difficulties (Emerson & Hatton, 2007), practitioners who are working with individuals with learning difficulties need to address this issue.

### **1.6.1 Solution Focussed Brief Therapy**

One intervention that is becoming increasingly more popular and prevalent for the treatment for individuals with some form of mental health difficulties is Solution Focussed Brief Therapy.

Solution Focussed Brief Therapy (SFBT) is a relatively 'young' therapy having been developed in the 1980s, and some researchers describe it as being in its "*early stage of adolescence*" (Kelly, Kim & Franklin, 2008, p5). Steve de Shazer (1985) is viewed as one of the main pioneers of the approach, which was developed in America. De Shazer worked with a group of clients and asked them

questions relating to how they had solved problems in the past and how they could build upon these skills for current and/or future problems they may face (Kelly et al, 2008). This was a new and radical way of thinking at that time, with the practitioner stepping away from the previously adopted 'expert' role.

The Solution Focussed Brief Therapy Association (SFBTA) indicates that solution focussed brief therapy should be viewed as a way of thinking and interacting with the client, rather than a list of techniques (SFBTA, 2013). Another description for solution focussed brief therapy is that it is an,

*“approach [that] builds upon clients’ resources. It aims to help clients achieve their preferred outcomes by evoking and co-constructing solutions to their problems”* (O’Connell, 2001, p1).

Even though some say that SFBT is an approach, not a prescriptive static list of what the therapist should do, there are distinct techniques that a therapist may use in a creative way. These techniques include; Problem-free talk, Goal setting, Exception seeking, Competence seeking, the Miracle Question, Scaling and Between-session work (O’Connell & Palmer, 2005).

SFBT has become a widely accepted choice of treatment used by practitioners within the field of mental health (Kelly et al, 2008). Kelly et al list a variety of advantages to using a solution focussed approach. The list includes solution focussed therapy being strength based, adaptable, brief, client-centred and acknowledging small changes that are made. This list of advantages combined with the way the therapy is delivered (as an approach, not a list of activities) makes solution focussed a desirable therapy option to use within a school setting and with children with learning difficulties.

Atkinson, Bragg, Squires, Muscutt and Wasilewski, (2011) conducted a UK-wide study of educational psychologists. They managed to gain responses from 455 local authority EPs. From these responses 82.9% said they used therapeutic interventions and solution focussed brief therapy was listed as the most popular

with 84% of responses saying they have used it within the previous two years. Atkinson et al also asked who the EPs worked with. Only 20% of responses said they worked with children at a special school. This suggests a low number of therapeutic interventions is being used within a special school environment. With Solution focussed brief therapy being listed as the most popular therapeutic technique used, but only 20% of EPs use therapeutic techniques within a special school, it was thought that this is an area that could be explored further.

### **1.6.2 Solution focussed approaches with individuals who have learning difficulties**

Previous research has shown that SFBT is effective. McKeel (1999) concluded that the use of solution focussed talk increases changes for the individual and the likelihood of completing the therapy. Metcalf et al (Metcalf, Thomas, Duncan, Miller & Hubble, 1996) found that the clients valued the emphasis on their strengths and 'what works'. There are many studies showing the effectiveness of SFBT and approaches. O'Connell and Palmer (2005) conclude that the various strands of research are beginning to outline which elements of therapy are effective and for "*which clients*" (2005, p15).

The use of O'Connell and Palmer's phrase, "*which clients*" (2005, p15) is of interest and is where this current research begins. The majority of the research that has explored solution focussed approaches has used neurotypical adults or adolescents (Pichot, 2007; Kelly et al, 2008). There has been some research in to how SFBT can be adapted to use with younger children, though Pichot (2007) says that when she is asked to work with a young child she has found family group therapy to be successful.

Stoddart et al (2001) describe their findings from using a modified brief solution focussed approach with adults with a developmental delay. From their research Stoddart et al found that the solution focussed approach was most successful for

individuals who were higher functioning, had self-referred and who were supported by others with the therapeutic process. Stoddart et al state;

*“there has been no discussion in the brief therapy literature of the use of this model with adults who have a developmental delay”* (2001, p25).

### **1.7 Reflective practice and action research**

Reflective practice in its simplest form can be viewed as professionals reflecting on what they have done or are doing, without necessarily being motivated to develop their practice. Jack Whitehead and other colleagues have been highlighting the idea of practitioners examining their practices and drawing conclusions and explanations for what they do and why they do it (McNiff & Whitehead, 2011).

Action research aims to help the practitioner develop their own skills with the possibility of other practitioners learning from the knowledge discovered (McNiff & Whitehead). The development of new practices and knowledge for the practitioner is beneficial for both them and the participants they work with.

Educational Psychologists are positioned in a way that enables them to deliver therapeutic approaches with children and young people who have a learning difficulty and mental health needs. Educational Psychologists have the knowledge of the different therapeutic techniques that may be appropriate and they have the knowledge of the child's development process. Lewin (1946) describes action research as the method of applying psychological ideas to a practical endeavour. Educational Psychologists are perfectly placed to undertake action research to develop their own practice by applying psychological ideas to situations through their ways of working.

Action research promotes change at both an individual and an organisational level (McNiff, Lomax & Whitehead, 2003). Action research usually involves practitioners researching their own practice or situation and is an,

*“inquiry that is done by or with insiders to an organisation or community, but never to or on them” (Herr & Anderson, 2005 p3).*

This collaborative approach of action research simulates the principles of a solution focussed approach, with the practitioner not taking an ‘expert’ role, but rather working collaboratively to empower the client to create solutions and achievable goals.

With researchers highlighting differences in practice between different practitioners and also differences in expectations and the satisfaction of schools (Farrell & Venables, 2009; Mackay & Boyle, 1994), there is an emphasis on being a reflective practitioner. Being a reflective practitioner requires the practitioner to look back at what they have done, learn from it and think of ways for improving it next time. There are many benefits to be gained from reflective practice; the practitioner will gain a greater insight in to their ways of working and knowledge. This insight could lead to new innovative and creative methods being tried, which could lead to more effective methods being available for the children, young people and their families.

Action research encourages the researcher to create their own theories of practice by developing new ideas and improving their ways of working. By investigating and evaluating their own work, action researchers are able to improve their ways of working and possibly to influence other practitioners in the way that they work (McNiff & Whitehead, 2011, p18).

For this piece of research I, as the researcher identified a gap within my own professional development and knowledge. By undertaking this piece of action research I hope to develop my professional practice for using therapeutic approaches with young people with learning disabilities. I also aim to develop my skills as a reflective practitioner. I also hope that through conducting this research in an emancipatory way, the young people will feel empowered and will be a part of the research process and shape adaptations to the therapeutic approach to increase its accessibility.

## 1.8 Philosophical perspective

When a researcher decides to undertake a piece of social research there are many questions and decisions that need to be answered and considered. The research area was decided as using solution focussed techniques with children with learning difficulties. Once the research area was chosen I thought about the paradigm and philosophical stance that the research would be positioned within. The ontology of research explores how the researcher views knowledge (Creswell, 2003). For this piece of research I adopted a critical realism perspective. This philosophical stance believes that there is a shared reality or truth, but the way that individuals view that reality or truth is dependent on the individual and their understanding of the truth. A critical realism view of the world can be seen as the middle-ground between positivism and social constructionism. There are elements of both the paradigms within critical realism. There is a single reality or truth that we all share, similar to the positivist view. The context of the situation and the individuals involved, impacts on how the reality or truth is viewed and understood, similar to social constructionism which believes in individualism. For this piece of research it is assumed that there is a shared truth or reality in the solution focussed approach, but that individual differences in the children and young people's abilities, difficulties and personalities will impact how the solution focussed approach will or will not be appropriate or beneficial.

Within action research, the researchers,

*"do not look for a fixed outcome that can be applied everywhere"* (McNiff & Whitehead, 2011, p32).

The knowledge of the world is created within that moment by the people involved and is real. This research follows the view that the knowledge will be created within the moment between myself and the participants. With this in mind, a critical realist perspective was felt appropriate to follow. A solution focussed approach fits with the critical realist perspective, with the notion that meaning is decided by people who are present thinking about usefulness and

appropriateness, rather than interpretation or facts (Hawkes, Marsh & Wilgosh, 1998).

I adopted a critical realism approach for the ontology of this piece of research, and therefore adopted an epistemological position that complimented this. The epistemology of a piece of research explores questions including, '*who can supply the answers to the questions that are being sought?*' The epistemology for the current piece of research would be to gain information and knowledge by working with a sample of children and young people with learning difficulties and gaining knowledge from them. Another area where knowledge can be gained is from myself, as the researcher exploring the developments that are made within my own professional practice.

When conducting research there are variations in the researcher's position and what they bring to the research in terms of their own personal knowledge and values. This is known as the axiology and again is influenced by the philosophical paradigm that the researcher adopts. Following a critical realist position which emphasises the importance of an individuals' impact on the way reality is viewed, my position as the researcher will be important. How I interact with the participants will by nature, impact the focus of the research. The values and knowledge I bring to the research will also impact the research. Within action research the importance of this interaction compels the researcher to be reflexive of their position. Therefore my position and reflections upon it will be acknowledged to highlight the influences put upon this research.

With action research the practice of the researcher is the basis for their own theory. This can be called a 'living theory' (McNiff & Whitehead, 2011). These living theories are not viewed as important as propositional theories by some academics. However, these living theories provide a very rich and detailed holistic view of the real-life situation that the participants and the researcher are living in. Through doing action research, new practices will be created which can be transformed in to a new 'living theory'. A theory is;

*“a set of ideas about what we claim to know and how we have come to know” (McNiff & Whitehead, 2011, p23).*

From this research I will create my own set of living theories which will help to develop my professional practice.

### **1.9 Purpose of the research**

This current piece of research aims to begin to explore an under-researched area. Through completing the research, it is hoped to answer questions relating to whether solution focussed approaches and techniques can be used with young people with learning difficulties. Action research allows for multiple purposes of the research. The first purpose for this research is to develop my own knowledge and practices by exploring different therapeutic approaches and gaining feedback from the young people I will be working with. Another purpose is the empowerment of the participants. Through the research process the young people will be able to have a say and share their views. It is hoped that their participation will also have a beneficial outcome on their mental well-being. A third and wider purpose of action research is to create new ways of working for the profession. It is hoped that other EPs can learn some techniques or develop the confidence to use their skills in therapeutic work, in new settings such as special schools. By learning from the adaptations that are developed through the research, it is hoped that other EPs can apply these adaptations and therefore widen the range of young people who they work with using a solution focussed approach.

From Atkinson et al (2011) it was discovered that SFBT was the most used therapeutic technique amongst Educational Psychologists, and special schools were one of the settings where therapeutic techniques are used the least. This research aims to redress this, by bringing solution focussed approaches in to a special school setting. When solution focussed approaches have been used with adults with intellectual disabilities or developmental delay, adaptations have



been made to the pure therapeutic model to enable the clients to access the content (Stoddart et al, 2001; Roeden, Bannink, Maaskant & Curfs, 2009). During their research, Roeden and colleagues developed some adaptations to be able to use SFBT with the adults with learning difficulties. These adaptations have included drawings, symbols and simpler language.

With the area of research little investigated, it was decided that the current piece of research would explore the use of solution focussed approaches with young people with learning difficulties, allowing them to access the therapeutic techniques and approaches and developing my professional knowledge. This piece of research will be developed with a small number of participants, but it is hoped that what I develop and discover during the research could be used by myself in future situations and with a wider population. I also hope that the information generated from this research will inform colleagues, allowing them to benefit from the knowledge that will be gained from this piece of research. The participants will benefit by being able to give their view on the suggested therapeutic approaches. Through their feedback, adaptations will be made to increase accessibility and therefore effectiveness of the techniques.

#### **1.10 Research question**

Within action research, the researchers often think about the value that underpins the research question. This gives an explanatory framework and allows flexibility with the research questions though keeping within the same value. The research questions may change over the course of the research. This is due to action research being,

*“a developmental process where nothing stands still”*

(McNiff & Whitehead, 2011, p121).

Through the action research process the original questions may morph and transform due to the impact of the research process itself. This has also been described as progressive focussing (Parlett & Hamilton, 1977).

Action researchers often ask themselves “*How do I improve what I am doing?*” or “*What is my practice?*” Whitehead and McNiff state there is an importance for the researcher to take action for both personal and social benefit. For this piece of research, the research area is a particular area of interest of mine. I am interested in the accessibility of therapeutic techniques for young people with learning difficulties. The values that stem from this issue are: professional development, empowerment of the participants and equal opportunities. From the research issue and taking the values of the research in to account, this has lead me to develop a primary research question of;

***How can I use solution focussed techniques with children  
with learning difficulties?***

I want to explore what techniques and approaches I can use with the young people and how I can adapt them to make them more accessible to the young people with learning difficulties. I also want to hear and acknowledge the young people’s opinion and so will ask them about the use of different techniques and together hopefully we can develop beneficial ways of working and using solution focussed techniques.

## **Chapter 2: Literature Review**

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### **2.1 Introduction to literature review**

This chapter explains the process and findings from current research on the use of solution focussed techniques with individuals with learning difficulties. Specifically articles exploring the use of solution focussed approaches with children and young people with learning difficulties. As mentioned in Chapter 1 learning difficulty is an umbrella term which encompasses a range terminology. The literature review will use the terminology as stated by the authors of the different articles and so the terms; intellectual disability (ID), learning disability and developmental delay will be used interchangeably.

### **2.2 Details of systematic search**

A systematic literature review was carried out on 28/08/2014 to identify and explore previous relevant research on the particular research area and highlight any gaps in research. The search was conducted using the 'PsyInfo' and 'Education Research Complete' databases that were retrieved through the EBSCO Host database access service.

Numerous searches were run using different terminologies to try to identify the most relevant previous research. EBSCO enabled the search terms to be run using and/or functions allowing different terminologies to be used. Two broad search terms were identified covering the participants and the therapeutic technique (see Appendix B for full process details).

The search was carried out using the parameter of 'peer reviewed journals'. Initially the search was completed using the primary search term which was;

"Special Educational Needs" OR "Learning Disabilities" OR  
"Developmental Delay" OR "Intellectual Disabilities".

This returned a large number of results (N=89,338). The secondary search term was applied which was;

“Solution Focussed” OR “Solution Focussed Brief Therapy”  
OR “Solution Focussed Approach”

The addition of the secondary search term resulted in a vastly reduced number of articles (N=35). From these results, titles and abstracts were viewed to establish their appropriateness for the critical review in relation to the specific topic area. Only articles relevant to the specific research area were selected and therefore a set of exclusion criteria were created, such as use of an alternative therapeutic method other than solution focussed therapy, and any articles written before the year 2000. Having applied the exclusion criteria there were seven suitable articles.

Due to the limited number of relevant studies that were found during the systematic search, the references of the highlighted studies were analysed for additional relevant journals resulting in a total number of nine studies that were used for the literature review.

From the selected articles six of them were research write-ups. The other three articles were previous literature reviews or an overview of the topic of adaptations that have been made. It is sometimes customary to omit articles which already compare articles and previous literature reviews. Due to the small amount of research in this topic area and the exploratory nature of this piece of research, it was felt beneficial to keep these articles in for reference. See Appendix C for a short summary of the nine articles that were selected.

### **2.3 Details of previous research findings**

From the nine articles that were selected, a number of themes were identified. These themes provided a framework to enable the articles to be reviewed;

- Who is considered as the 'client' and receives the solution focussed support
- The degree of learning difficulty
- How the effectiveness of solution focussed therapy can be measured
- Which elements of solution focussed therapy were used?
- How can solution focussed techniques be adapted for differing needs

### **2.3.1 Who is considered the 'client' and receives the solution focussed support?**

The terminology of 'client' is often used within a medical context. This terminology is used within many of the research papers and so has been used within the literature review. Sometimes within a social services context the terminology is 'service user'. Within this review the terms client and service users are used interchangeably.

In response to government initiatives to involve service users in the delivery of the services that they receive, Lloyd and Dallos (2008) designed their study to gain the views of those in receipt of Solution Focussed Brief Therapy (SFBT). They used SFBT with families who have a child with intellectual disabilities. In their study Lloyd and Dallos invited a number of families who have a child with an intellectual disability to take part; seven families agreed to take part in the study. Lloyd and Dallos gained their data after the first SFBT session. Out of the seven different initial sessions, only two children with intellectual disabilities attended part of their family session. Lloyd and Dallos asked each of the seven mothers about their experience and views of the SFBT session. The mothers' responses were grouped into three main categories which covered both the procedure of the SFBT session and the content.

Lloyd and Dallos made reference to the government initiative about including service users, but the question could be asked who the service user is. Out of the seven initial SFBT family sessions that Lloyd and Dallos researched, only two families included their child with intellectual disabilities for part of the session, and none of the children were asked about their opinion of the session. It could be asked if Lloyd and Dallos really gained the service users views or did they gain

the view of the mothers of the service users? It is interesting who Lloyd and Dallos choose to call the service users and in this instance the mothers are receiving the service and so are considered the service users. This research does not explore the impact of the SFBT on the children with intellectual disabilities.

Roeden et al (Roeden, Maaskant, Bannink, Curfs, 2012) continued on from some of their previous work (Roeden, Maaskant, Bannink, Curfs, 2011). In their research they trained members of staff who work with adults with severe and moderate intellectual disabilities in SFBT. The positive effects that they found were from the point of view of the members of staff. Roeden et al report that,

*“staff members developed more positive perspectives about the persons [with Intellectual Disabilities] because of their involvement in SFBT” (2012, p186).*

Roeden et al (2012) state that their aim of the study was to obtain more information on the *“usefulness of SFC [Solution Focussed Coaching]”* for staff working with individuals with intellectual disabilities. Their results were gathered from 42 care workers who work in a range of services that are offered to adults with intellectual disabilities in the Netherlands. The results related to the staff members’ view of receiving two solution focussed coaching sessions with a solution focussed trained coach. Roeden et al looked at different areas of potential usefulness including; progressing toward the goal, proactive thinking and the relationship between the staff and the adults with intellectual disabilities who they work with and support.

Roeden et al conclude that their study is a useful approach for those working with individuals with intellectual disabilities, though the results are based solely on the staff members’ views and responses. The views of the individual with intellectual disabilities are not considered and it is the staff members who received the solution focussed therapy, not the adults with intellectual disabilities themselves.

Some researchers describe that using solution focussed approaches with individuals with learning disabilities is not appropriate (Roeden et al, 2012). Therefore they justify why they have used the solution focussed approaches with adults who support the individuals with the disability. From the articles in this review the different researchers have used both 'client' and 'service user' to describe the people who receive the support or intervention, though they may be a family member or paid care worker rather than the individual with learning difficulties. Although the researchers state that they have used solution focussed therapy which has benefitted the individuals with learning difficulties, the actual therapeutic work was not with them. The efficacy of the therapy and benefits for the individuals with learning difficulties depends on those who received the therapy using the approaches and ways of thinking that they were given. There is a large degree of variability for the individuals with learning difficulties. The researchers cannot be sure what support they received or if the adults supporting them were implementing a solution focussed approach or not.

### **2.3.2 The degree of learning difficulty**

For those researchers who worked with individuals with a learning difficulty they clarified the level of disability. Franklin, Biever, Moore, Clemons, and Scamardo (2001) worked with seven children in America. All of the children had been labelled as having learning disabilities by school staff and were enrolled in the special educational programme at the school. Pupils who were found to have a learning disorder were excluded from the study. This suggests that the pupils had relatively mild learning difficulties.

Roeden, Maaskant, Bannink and Curfs (2011) completed several case studies in the Netherlands working with adults with mild intellectual disabilities. The level of disability was determined by two separate cognitive assessments. The researchers analysed the data from the cognitive assessments and chose participants based on their intelligence quotient (IQ) score. The researchers also completed an adaptive behaviour scale on the participants to assess their

adaptive functioning. The researchers do not state how the adaptive functioning scores were used, but it could be speculated that those potential participants with low scores were presumably excluded from the study.

In Canada, Stoddart, McDonnell, Temple and Mustata (2001) worked with adults who they describe as having mild or borderline cognitive delay. Like Roeden et al (2011) Stoddart and colleagues chose their participants based on their IQ scores. Following cognitive assessments, Stoddart et al chose their participants by those individuals who scored within the mild range of cognitive delay, or who had borderline intellectual functioning. Stoddart et al concluded that the participant's level of cognitive functioning was related to the outcome of the therapeutic intervention, with those with higher cognitive functioning (the borderline classification) rated as more successful at the therapy by the clinicians, though this difference was not statistically significant. Other variables also produced higher success ratings on the clinician ratings including; self-referral and having supportive network. Stoddart et al did not produce statistically significant results from their clinician ratings therefore no definite conclusions can be made between cognitive abilities and success at a therapeutic intervention. Therapeutic interventions are designed to benefit the individual. Using a clinician's rating to clarify the 'success' of the intervention seems somewhat superfluous. Some may argue the only person who can deem in the intervention has been successful is the individual who underwent the therapeutic intervention.

Smith (2005) conducted a case study on a 45 year old man named 'Dave'. Dave is described as having mild learning disabilities, he lives alone though receives help from a support worker weekly. He was referred for the therapeutic intervention following discussion relating to his levels of aggression. Dave has a job and previously was able to cope for many years without any support and has gained a large social network.

The participants of Franklin et al, Stoddart et al, Roeden et al (2011) and Smith were all described as having mild cognitive difficulties or developmental delay.



On further explorations, some of the participants were attending a mainstream school, though educated within a separate class, or they were living semi-independently. Although the participants do have some degree of learning difficulty, they appear able to access the therapeutic sessions with only minimal adaptations. Roeden et al (2012) made the very bold claim that individuals with profound, severe or moderate intellectual disabilities are not able to participate in solution focussed therapy. They continue to say that this is due to the individuals lacking the required verbal and cognitive abilities. This claim was made without the researchers alluding to any previous research or evidence in this particular area. As a researcher I have not found sufficient evidence to believe this claim made by Roeden and colleagues. Smith (2005) describes how an individual with learning difficulties was able to access solution focussed techniques and in a later publication Smith describes strategies that may be useful to practitioners when attempting solution focussed work with individuals with learning difficulties. From the literature review I feel there is a potential gap in the currently limited evidence base of using solution focussed therapy and therapeutic techniques with individuals with learning difficulties.

### **2.3.3 How the effectiveness of solution focussed therapy can be measured?**

Measuring the effectiveness of a therapeutic intervention can be difficult. Franklin et al (Franklin, Biever, Moore, Clemons, Scamardo, 2001) make reference to very few outcome studies being conducted on solution focussed therapy. They devised a study to examine the effectiveness of solution focussed therapy with children who have been labelled 'learning disabled', in a school setting. They say their research builds upon the limited existing research (which mainly consists of single case studies) by reporting a series of seven case study experiments. The seven students received 5-10 sessions lasting up to 45 minutes of solution focussed therapy from a trained clinician. Franklin et al state that a therapy session needs to use at least three main therapeutic elements in each

session for it to be considered solution focussed. In their research Franklin et al used the 'miracle question', scaling questions and gave the clients compliments.

Franklin et al say that there is a conflict between SFBT's principles of being flexible and individual to the clients' needs and the need for a treatment protocol for research purposes. To overcome this, the researchers in the study were allowed to be flexible within the sessions and change the order that the different elements were presented but all sessions used the same questioning techniques and covered the same three elements of SFBT.

Franklin et al used two standardised measures to explore the effectiveness of their SFBT sessions. The first measure they used was the *Conners Teaching Rating Scale* (Conners, 1990). All the children's baseline scores fell within the clinically significant range. The other measure was the *Feelings, Attitudes and Behaviour Scale for Children* (FAB-C) (Beitchman, 1996). This measure was applied to the children but Franklin et al did not report the results due to none of the children's scores falling within the clinical range. Observations of the children before the intervention were used as the baseline score and compared to observations once a week during the intervention stage. Franklin et al highlight the various limitations and validity issues of this methodology design, such as some of the children having two different teacher ratings.

Overall Franklin et al report results that indicate that the children who received solution focussed therapy made positive changes in a variety of behavioural difficulties. This study only had seven participants and the effectiveness was gained from teacher ratings. When the teacher ratings were analysed individually there were fluctuations in the results without a clear decrease in problematic behaviour following the solution focussed therapy intervention. The ratings scale is from the teachers' perspective and based on the children's observable behaviour patterns. There was no exploration of the children's views on the effectiveness of the intervention. The evaluation also took place over a relatively short time; five months. This length of time can sometimes be too small for behavioural changes to be made and noticed by other people.

Stoddart and colleagues (Stoddart, McDonnell, Temple, Mustata, 2001) delivered an adapted version of solution focussed therapy to adults with a developmental delay. After a year of therapy Stoddart et al evaluated the therapy on a range of objectives. To obtain their results they asked all the clinicians who were involved in the client's therapy to rate each of their four objectives on a 5-point Likert scale. The clinicians answered the questions as a group and came to a consensus for each response.

Stoddart et al also asked their clients (adults with learning difficulties who received the therapeutic intervention) to complete a satisfaction survey. The standardised measure they used was the *Service Evaluation Questionnaire* (SEQ) (Nguyen, Attkisson & Stengen, 1983). This measure has been used previously with mental health patients and so Stoddart et al believed it would be suitable for their client group. From the results, Stoddart et al found no statistical difference in satisfaction scores between the individuals who received brief solution focussed therapy, and those who received longer term therapy. Stoddart et al make reference to the number of participants questioned being very small and some caution needs to be exercised due to the participant's cognitive abilities and their understanding of the questions.

Roeden et al (Roeden, Maaskant, Bannink, Curfs, 2011) evaluated the use of SFBT with people with mild intellectual disabilities. They had a total of ten case studies and for each case study information was gathered from the participant themselves and from the carers who work with them. Roeden et al used two measures with the participants; one being the Intellectual Disability Quality of Life (IDQOL) (Hoekman et al, 2001) and the other was a rating scale. The IDQOL has three subscales; Psychological functioning, social functioning and satisfaction about housing. Due to the nature of SFBT topics, the questions relating to housing were not included in the study. The participants were also asked about the extent they felt they were approaching or had reached the goals that were created during the therapy sessions. Roeden et al triangulated their results by asking the carers their opinion of the extent they felt the participants had approached or reached their goals set in the therapy sessions. The carers also

completed a maladaptive behaviour screen to assess the presence of psychological problems.

Roeden et al combined the results from the ten participants and their carers, and focussed on the differences between three time-scales; before SFBT, directly after SFBT and six weeks after SFBT. From the quality of life measure, seven of the ten adults gave statistically significant improvements directly after SFBT in psychological functioning. Some of these responses were maintained at the six week follow up time-scale too. These results were supported by the carers' results of the maladaptive behaviour scale which suggested clinically relevant decreases of psychological problems directly after SFBT for eight out of the ten participants.

Due to the nature of SFBT there is no single way of evaluating its effectiveness. Different researchers have tried different measures which tap in to some of the elements of SFBT, but due to the nature of SFBT being flexible to each individual case, then theoretically the evaluation process needs to be individual to each case. Some of the researchers have used a rating scale approach to gain an evaluation of effectiveness (Roeden et al, 2011; Stoddart et al, 2001) which allows the response to be more closely matched to the individual situation, but does not allow comparisons between different studies. Another difficulty that some of the researchers have encountered is who to ask for the evaluation. Is it the person who had the SFBT or those who support the individual and therefore could notice any behavioural changes? The majority of the research has asked the opinion of parents or carers of the individuals with learning disabilities.

The effectiveness of the therapeutic intervention should be related to the purpose of the intervention. Stoddart et al state that,

*“one of the clear advantages of a BSFT [brief solution focussed therapy] approach with this group is the emphasis on client strengths and empowerment” (2001, p25).*

This purpose of using solution focussed approaches with individuals with learning difficulties does not seem to be followed by all researchers. In the study by Franklin et al (2001) the seven child participants with learning difficulties had also received at least one behavioural referral that had triggered support from professionals including the school psychologist. From the study, the main cause for concern for the school staff appears to be the pupils' behavioural difficulties. The effectiveness of the solution focussed therapy was measured before and after the intervention with a teacher rating measure and a self-scale depicting progress towards behavioural goals. The researchers looked to SFBT as a way of reducing behavioural difficulties, not as a positive intervention for the young people to explore their goals or think about how they could overcome different difficulties they may experience.

With many of the studies (Franklin et al, 2001; Roeden et al, 2011; Stoddart et al, 2001) the participants were referred by adults who know them or they were selected due to a set of pre-determined criteria, for example IQ. It is difficult to assess the effectiveness of an intervention which has been imposed on an individual rather than one the individual has chosen to participate in themselves. The participants were often referred due to another person perceiving there was a problem. Franklin et al worked with pupils who had received at least one behavioural referral. The behavioural referrals are the teacher's judgement of the pupils' behaviour. This creates multiple stakeholders in the situation and ascertaining the level of success of the therapy would differ depending on each stakeholder's opinion.

Previous researchers have aimed to examine the effectiveness of using solution focussed therapy with individuals with learning difficulties (Franklin et al, 2011; Roeden et al, 2001). To accomplish this, the researchers often used a standardised assessment tool or checklist questionnaire before the intervention, after the intervention and some researchers completed a follow-up as well. As discussed earlier the researchers used a range of different measurements including teacher's views on behaviour and self-report on feelings and behaviour. Previous research has focussed on similar outcome measures that have been

used to ascertain the effectiveness of solution focussed therapy in a range of different contexts and with a variety of participants. Some of the researchers make reference to needing to gain the opinions of the individuals with learning difficulties (Roeden et al, 2009) and ask them their view of the therapy and different approaches, though this is not acknowledged in the research base.

Much of the previous research that has been conducted in this area has examined the effectiveness of the adapted solution focussed therapy through the use of self-reports or some observational reports by supporting adults. Roeden et al (2009) state that individuals with learning difficulties;

*“may experience cognitive difficulties in exploring the past”*  
(2009, p256).

This difficulty in exploring the past may inhibit their ability to accurately respond to questions requiring them to compare their feelings from the past to the present. The researchers also highlight the importance of using simple language and flexibility in how questions are presented. In 2011, Roeden et al used standardised questionnaires with individuals with learning difficulties to ascertain the effectiveness of the solution focussed therapeutic intervention. They explored their participants' quality of life through the use of the IDQOL-16 (Hoekman, Douma, Kersten, Schuurman & Koopman, 2001). This questionnaire is specifically designed for people with intellectual disabilities and is supported with the use of some visual smiley faces. Even though the IDQOL has been adapted for its intended recipients, it still requires them to rate different areas of their life. If Roeden and colleagues are sure in their claim that their participants may experience cognitive difficulties with certain concepts, then as researchers Roeden et al should realise the difficulties obtaining standardised data from their participants. The results from the study in 2011 by Roeden et al suggest that the individuals with learning difficulties reported improvements in their quality of life. These reports are questionable when taken together with Roeden et al's description of the participants' limited cognitive abilities. It may be that the results were as given which could imply that the participants may have been

more able than Roeden et al describe. This, in turn, suggests that they may have been able to access more of the therapeutic intervention than previously described in the research. Alternatively, it might be that the participants' comprehension levels are as Roeden describes which highlights implications for the validity of the self-report questionnaires. Using standardised self-report questionnaires with individuals with learning difficulties is likely to cause difficulties with validity due to differing levels of comprehension and cognitive abilities. Solution focussed therapy supports an individualised therapeutic intervention and therefore evaluation methods should be conducted in an individualised way. Researchers should adopt a methodology that allows for individualised evaluations to create the needed data on effectiveness of the therapeutic intervention.

#### **2.3.4 Which elements of solution focussed therapy were used?**

Roeden et al (2009) suggest that there are many advantages to using solution focussed therapy with individuals with learning difficulties. The advantages include that there is a focus on the individual's skills rather than on deficits and the individual takes on an expert role in their own life. These advantages are achieved through the use of particular elements of solution focussed therapy, most notably scaling questions and goal setting. The element of goal setting gives the individual a sense of control over what they personally would like to achieve and empowers them. The scaling questions gives the individual a voice and an opportunity to explain how things are for them currently, and again gives them the control to think about where they would like to be in the future and what that would look like. Roeden et al state how these approaches have been adapted to use with individuals with learning difficulties and continue to be very useful and effective.

Solution focussed therapy has many different elements and techniques that are used within the different sessions (de Shazer, 1985). Smith (2005) describes solution focussed therapy as a good approach to use with individuals with

learning difficulties because it focuses on their skills rather than deficits and provides the individual with an 'expert status' within the therapeutic relationship. With his participant Dave, Smith used scaling questions to look at his preferred future. Smith drew out a 10-point scale to help Dave with his understanding. Dave's current position and his goal position were drawn on the scales. During the sessions with Dave, Smith also used exception-seeking questions. Dave was able to recall instances where the triggers had been present but he was able to control his behaviour and had not resorted to becoming aggressive. Smith noted that the majority of the first two sessions were spent in 'problem-free talk'. In summary Smith concludes that the therapeutic intervention focussed on highlighting Dave's successes and strengths, by indicating previous times that he had been successful and encouraging him to repeat that in the future. Smith reflects on his intervention with Dave and other individuals with learning difficulties who have experienced solution focussed therapy and he says that most participants find the therapy useful due to a single technique. With his work with other individuals Smith says that the most useful technique differs for each person.

Roeden et al (2011) followed a treatment protocol with their ten participants. The protocol began with goal setting and then moved on to exploring the exceptions, scaling questions and finishing with competence questions. This protocol was covered in each of the five sessions the researchers delivered. Although Roeden et al made reference of different adaptations that could be made; they did not state how they delivered each of the different approaches and techniques. In an extract from one of the sessions, the researchers describe using the scaling questions with the participant. The example is verbal communication regarding numbers; there is no reference to a visual aid, so it is unclear what adaptations have been made.

Lloyd and Dallos (2008) delivered the solution focussed therapy as a family intervention. A thematic analysis revealed that the sessions highlighted the parents' competencies, goals and achievements. Lloyd and Dallos describe the potential problems with one of the solution focussed techniques. They state that



although the 'Miracle Question' has become a signature of this therapeutic intervention, some people find it difficult to understand, particularly those with learning difficulties. Stoddart et al also make reference to this difficulty and they made the adaptation to discuss a preferred future, rather than use the miracle question format. The mothers in Lloyd and Dallos's study expressed that the miracle question was both irrelevant and baffling with it being rated as the least helpful feature of the session. The mothers admitted to secretly thinking about a miracle being that their child was 'cured'. This type of emotion-focussed coping strategy which puts the control on an external force has been linked to feelings of distress and depression (Kim, Greenberg, Seltzer & Kraus, 2003). The mothers in Lloyd and Dallos' study appeared to view the miracle question as this type of emotion-focussed coping strategy and therefore they found it unhelpful.

When working with adults with learning difficulties, Stoddart et al simplified the miracle question for their participants due to difficulties comprehending the concept of time. Instead of the miracle question they asked what the individuals would like to achieve from the therapy and how would they know when the therapy would finish. Their responses were triangulated with other adults who supported the participants.

The mothers who had been involved in Lloyd and Dallos' therapeutic sessions expressed their views and opinions of the sessions. They reflected on the sessions being helpful and the theme 'making the best of it' was evident in all the participants' responses. The most helpful aspects they noted were the scaling task and visualising the preferred future in detail.

Smith (2006) states that many people with disabilities go through their life being told what they cannot do. For this reason Smith states how important it is to enable the individuals to have the opportunity to think about their resources and strengths. They need to know and appreciate what they believe are their strengths and what their likes and preferences are. Smith says this gives the individuals a greater sense of self-worth. Some of the other researchers (Roeden et al, 2012) have used solution focussed therapy and techniques to resolve or

counteract a problem situation. There has been less emphasis on the techniques being used in a positive manner rather than as a reaction to a negative problem scenario. The resource activation element of solution focussed therapy could give the individuals the opportunity to increase their self-esteem and empower them to make their own choices.

Corcoran (2002) describes using solution focussed therapy as a family intervention with children at different developmental stages. Corcoran does not state that any of the children have a specific learning difficulty but that they may have difficulty accessing the content of solution focussed therapy due to their young age and early developmental stages. The early developmental stages the children are experiencing could be considered similar to children and young people with a learning difficulty. Corcoran describes the use of exception seeking with the young children within the family therapy session. This particular approach was found to be useful, though Corcoran gave details of how some children and young people give credit to external agencies for the exceptions in the behaviour, rather than themselves. Corcoran worked with the young person to empower them and to help them realise they are responsible for the positive change in their behaviour. One way that Corcoran was able to make this discussion more concrete for the younger children was through drawings. By asking the child to think about what they have to do or creating a timeline sequence of behaviour, they have a clear example of when things go well or the exceptions to the problematic behaviour. Corcoran also uses role-play with the family therapy sessions as a way of making concrete the strategies children use to in order to overcome their problems.

### **2.3.5 How can solution focussed techniques be adapted for differing needs?**

Roeden et al (2011) outlined different recommendations for using solution focussed therapy with these particular participants. They included using simple language, allowing adequate time for the participant to process the questions and develop an answer, and being flexible with questions. Roeden et al also

made reference to the use of visual aids or drawings to depict emotions being beneficial as well as using family members or carers to help explain a task. During their research, Roeden et al involved a staff carer who attended all of the therapy sessions. This adaptation was to allow the staff member to support the participant with the therapy, both within the sessions and outside of the sessions. Stoddart et al also included other adults in the sessions to support their participant with the therapeutic process.

Stoddart, McDonnell, Temple & Mustata (2001) made reference to making adaptations to the brief solution-focussed approach to meet the specific needs of their participants. One adaptation they made was with the scaling questions. They found that some of their participants did not understand the concept of number and therefore replaced the traditional 10-point scale with a 3-point scale and used pictures to depict emotions. For example a sad face at one end and a happy face at the other end. Stoddart et al also found that they were more successful by having the scale vertical, like a thermometer, rather than horizontal. Even with the use of the visual scaling, and the addition of emotion faces, Stoddart et al still required their participants to understand the numerical concept. They asked their participants where they were on the scale in relation to numbers. Corcoran (2002) says that young people below the formal operations stage may not be able to link the past and the future as required by solution focussed therapy. Corcoran concludes that with adaptations children of all developmental stages can be included in this particular technique. From the examples given, Corcoran used numerical values with the young children, but made more emphasis of concrete examples of non-problem behaviour to aid their comprehension of the task. Roeden et al (2009) discussed different visual aids which have been used to help the approach of scaling to be more accessible for individuals with learning difficulties. The uses of a ladder with different ladder rungs or a thermometer have been used by the researchers and have had a beneficial outcome with helping the individuals with learning difficulties to understand the abstract concept of scaling.

Following on from his professional work using solution focussed approaches with adults with learning difficulties, Smith devised a 'top tips' list (2006) for other professionals. His first tip is to know the individuals and what their difficulties are and where the limitations may occur. He says only by knowing about your individual will you be able to understand them and to be able to work with them successfully. This is an important feature of the therapeutic relationship. Other researchers do not make reference to the need to know and spend time with the individual prior to the therapeutic intervention. Smith continues with his tips and explains the need to be able to distinguish between lack of motivation and lack of ability. Smith continues by saying, that if the therapist does not spend time gaining knowledge and building a relationship with the individuals then they may not be able to interpret the individuals' subtle behavioural differences and what they are trying to communicate.

Previous research makes reference to solution focussed therapy being a "*client directed therapeutic approach*" (Roeden et al, 2009 p254). The client or individual receiving the therapy should be in control and the therapist should only guide their thoughts not tell them what to do or think. Following this principle, the individuals receiving the therapy should therefore be in control of any adaptations that are made to increase the accessibility of the therapeutic approach. From the previous research of using adaptations of solution focussed therapy with individuals with learning difficulties, none of the researchers make reference to the adaptations being client directed. Stoddart et al acknowledge that some of their participants could not comprehend a 10-point numerical scale and so reduced it to a 3-point scale, but there is no mention of this being led by the participant. Corcoran mentions using drawings or role-plays as adaptations, but no mention of what the young participants themselves chose. To follow one of the main principles of solution focussed therapy, exploration in to the clients' views of the adaptations needs to be undertaken and the clients themselves need to be involved with the adaptation process.

## 2.4 Conclusions linking previous research to the current research aims

Many of the researchers make reference to the limited amount of research of the use of solution focussed therapy with individuals with learning disabilities and particularly with children with learning disabilities (Franklin et al, 2001; Smith, 2005; Roeden et al, 2012; Lloyd & Dallos, 2008). Of those studies which used solution focussed therapy with individuals with learning difficulties, many of the individuals were adults and were classed as having mild learning difficulties. Roeden et al state;

*“SFBT with people with profound, severe or moderate ID is not possible, because they lack sufficient verbal and cognitive abilities to describe their goals, perform homework assignments and evaluate their progress” (2012, p186)*

From Roeden’s study in 2012 the results of the usefulness of SFBT with individuals with learning difficulties are from the views of staff members not the individuals themselves. Roeden and colleagues make a big claim without showing evidence of exploring the possibility of this to be true. The current research aims to explore the possibility of individuals with severe learning difficulties being able to access a solution focussed therapeutic intervention.

From the small amount of research that there is, the majority of the studies worked with adults with learning difficulties. One study by Franklin et al worked with children within a school setting, and Lloyd and Dallos spoke with mothers who had a child with learning difficulties. From the research there appears to be a lack of research with children and young people. Solution focussed approaches have been used successfully within mainstream school settings. This current piece of research hopes to explore the possibility of using this therapeutic approach within a special school environment to support young people when they are thinking about their future plans.

Smith (2005) concludes by saying that research to help identify which elements of solution focussed therapy work well, would be beneficial for people with learning disabilities. The current research will hopefully be able to begin to fill

this gap in the research literature. Roeden et al (2009) make an important point that when using solution focussed therapy with individuals with learning difficulties;

*“The therapist can only use those aspects of the solution-focussed repertoire that the client understands and finds useful and that make a difference. Because of this, the repertoire may have to be reduced for clients with ID.” (2009, p256)*

The unknown point of how useful each solution focussed element or technique might be, leads to the current piece of research being exploratory in nature. This characteristic of the unknown also highlights the need to consult with the individuals with learning difficulties. It is only by asking their views and opinions on the different solution focussed techniques that the beneficiary techniques will be found.

Roeden et al (2009) conclude that thorough research exploring the efficacy of adaptations of solution focussed therapy being used with individuals with learning difficulties has not been carried out and this is an important area that needs further examining. The limited amount of research that is available in this area has focussed on the efficacy of the therapeutic intervention as a whole and has not examined any adaptations that the researchers may have made and how effective these adaptations are. Through exploration of the individual adaptations that increase accessibility to the therapeutic intervention, consideration of the participant’s views can be made and acted upon. These views could lead to an evaluation of the different adaptations and give guidance for professional practice for colleagues.

## Chapter 3: Methodology and Action Research process

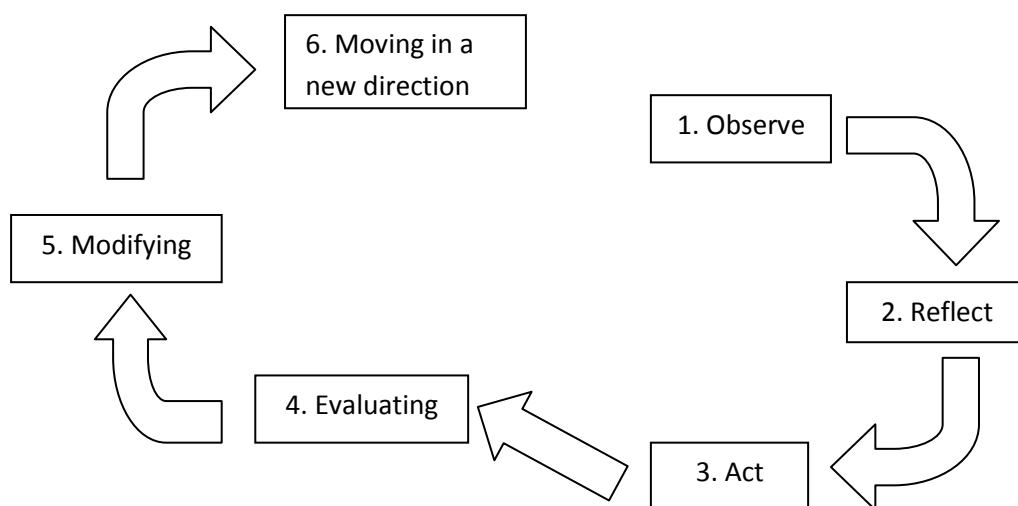
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### 3.1 Introduction to the current chapter

In this chapter I will outline the methodology, explaining the action research process. I will discuss the participants and the method of recruitment. The chapter will conclude with details of the ethical application process.

### 3.2 Research design

From the literature review I discovered that there is limited research into the area of adapting solution focussed techniques for young people with learning difficulties. For that reason I decided that I would take an exploratory research design. Due to the limited research base, I felt there was a sense of the unknown when I was planning and designing what I would be doing. I felt that an organic style of methodology that allows for changes throughout the process would work well with the exploratory nature of this research and it is for that reason that I chose to conduct this piece of research using action research methodology. The use of action research allowed me to work in a fluid and spontaneous way and develop my professional practice. Following their own research, Simm and Ingram (2008) conclude that action research and solution focussed approaches complement each other and work together in an effective way. Action research allows the practitioner/researcher to investigate and evaluate their work (McNiff & Whitehead, 2011). Practitioners research their own practices and view themselves as the context. Action research typically follows a cyclical process which is sometimes known as an '*Action-Reflection Cycle*' (McNiff & Whitehead, 2011, p10). The cycle goes through different phases starting with; observing, reflecting, acting, evaluating modifying and ending with moving in new directions (see figure 3.1).



Adapted from McNiff and Whitehead (2011)

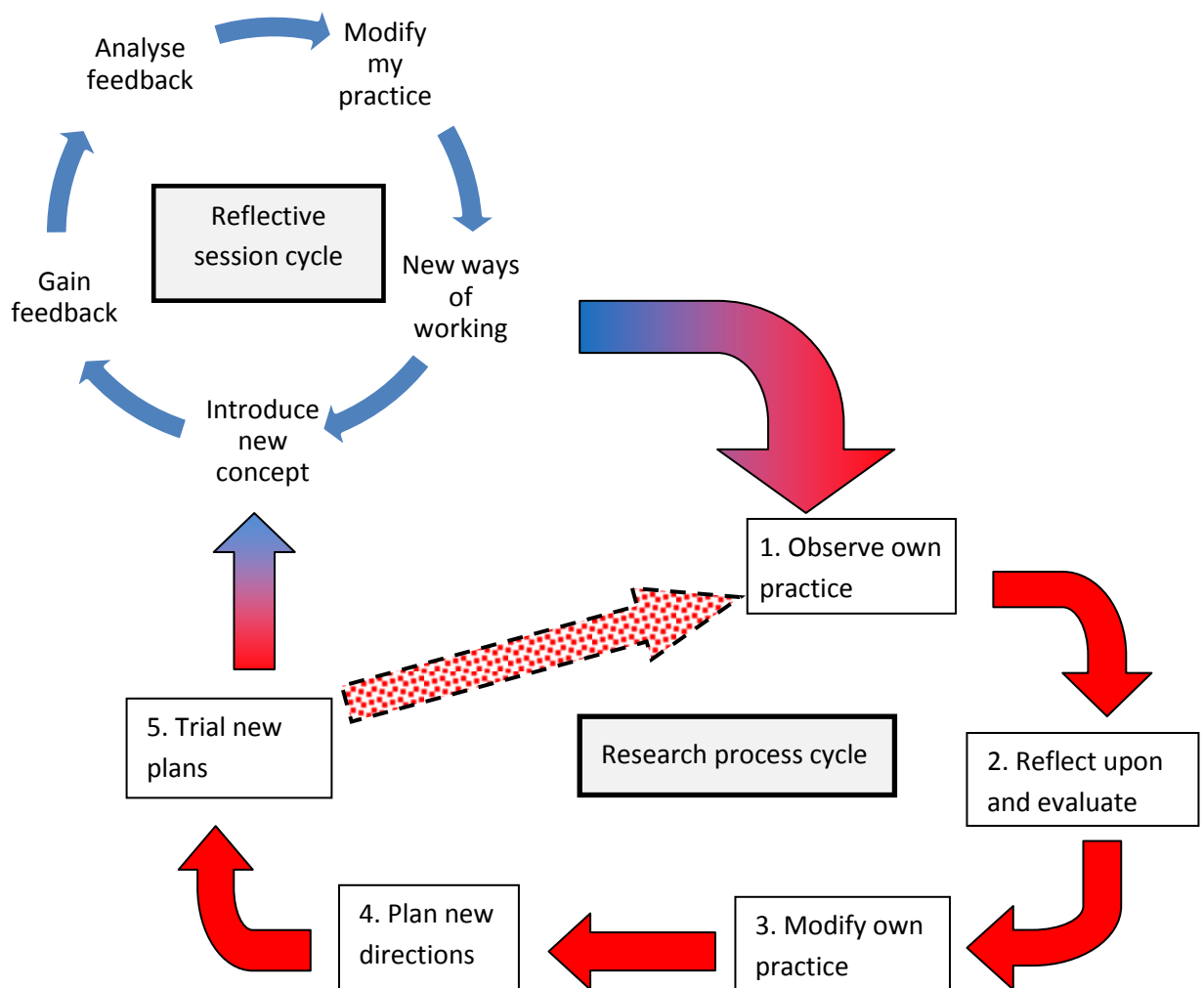
*Figure 3.1 – Action-Reflection Cycle*

I planned to follow a cyclical model to help develop my own practice. On further examination I found that the cyclical model developed by McNiff and Whitehead did not suit the complexity of my research design and therefore I made some adaptations to represent the multiple cycles and levels that were required.

There were two layers of cyclical models to my research design. The initial larger cyclical model develops through the research process and was repeated four times to coincide with each time I met the young people. In addition to this overarching cyclical model of the research process I followed a reflective cyclical model during each of the individual sessions with the young people.

The research process cycle is represented with the red arrows below and flows through five stages (Figure 3.2). After stage five the cycle would continue into the next one as represented by the dotted arrow. Stage five, 'trailing new plans', is also the beginning of the smaller reflective session cycle, as represented by the blue arrows in figure 3.2. This second cycle is a continual cyclical model and may be repeated several times within one session. The reflective session cycle feeds back in to stage one of the next research process cycle.





*Figure 3.2 – Representation of my research design depicting dual layer cyclical models*

This dual layer of interacting cyclical modes allows progression in my knowledge as a practitioner as well as enabling and supporting developments in the research process. This dual layer model supports the flexible nature practice-based research.

### **3.3 Real-world research**

Following the cyclical model I created (figure 3.2), enabled me to learn through the research process and develop my skills using my previous knowledge. Fox (2003) highlights the importance of professionals creating evidence through their practice. By adopting an evidence-based practice, Fox states that professionals will adapt their practice due to the best available research evidence and that their real world research will provide the evidence which other professional

practice is based upon. Through keeping outcome measures and monitoring efficacy of practice, individual practitioners and whole services can maintain particular standards. Fox continues to discuss how EPs often espouse to be constructivist in their professional practice and see the need for individually tailoring their involvement and intervention for each situation. However, Fox continues to say that often the EP resorts to a more positivist position and follows pre-existing evidence based interventions for their involvement. It is my opinion that EPs should use their expertise to develop new ways of working and create a research base from their practice when appropriate. Therefore I adopted an action research methodology to help develop my skills as a practitioner and to extend a research base for using solution focussed techniques with young people with learning difficulties.

Person-centred action research, also known as self-study action research or living theory action research, involves the practitioner/researcher being able to offer explanations and theories for what they are doing. In this scenario a theory is about what I am doing and therefore the theories can be explained as taking on a living form. It is 'my' theory which is bound up within my life and my professional practice. The personal theories that are generated are known as living theories because they develop and change as the researcher changes and develops.

### **3.4 The researcher's position**

The purpose of this research is to expand my knowledge as a professional practitioner and to develop my skills as an action researcher.

In my previous roles I have supported children and young people with learning difficulties. Working within a specialist provision I developed trusting relationships with the young people and their families. I observed how as school staff members we did not possess the skills to always support the young people's psychological needs.

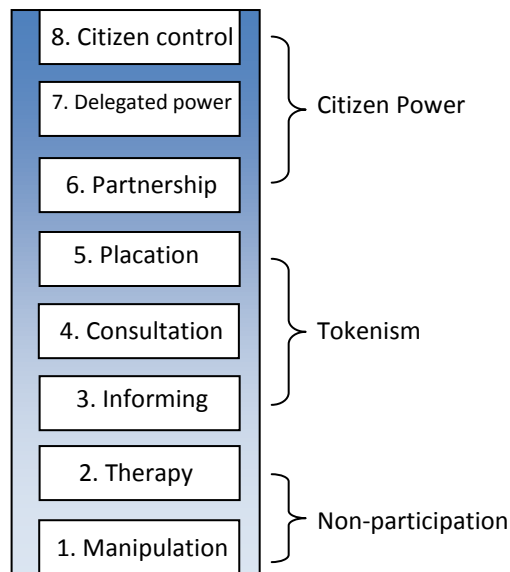
Through my experience within different local authority psychology services, I have learnt different techniques and approaches that are used to support children and young people with a range of psychological and mental health difficulties. I have seen different interventions used, though rarely within the context of a specialist provision.

I wanted to be able to use my previous knowledge and experience from working within a specialist provision and combine it with my acquired psychological knowledge to be able to support these young people with learning difficulties through using therapeutic interventions and techniques.

As an action researcher who wants to develop my understanding and professional practice, I am placed at the centre of the research and I will become a 'knowledge creator' (McNiff and Whitehead).

### **3.5 Ladder of participation**

When designing this research I was aware of wanting to be respectful of the young people who would be my participants. I wanted to give them a forum where they could tell me their views and I listen and act upon them. Arnstein (1969) developed an eight rung ladder design to represent the hierarchy of participation. The ladder begins with manipulation and rises through to citizen control (see figure 3.3).



Adapted from Arnstein, 1969

*Figure 3.3 – Ladder of participation*

This current piece of action research is not therapy, even though I use some solution focussed therapeutic approaches, the purpose of the research was to work with the young people in partnership to develop new adaptations and explore the possibility of this participant group accessing the therapeutic techniques and what they feel about the techniques.

Lewin (1946) believed that action research could raise the self-esteem of minority groups by giving them independence, equality and cooperation. Following an action research methodology allowed me to work together with the young people with learning difficulties in a collaborative way. In designing the methodology I wanted the views of my participants to be heard and not in a tokenistic way. For this reason I decided to use a methodology that aims to give the participants power and to be a partner within the research.

### **3.6 Advocacy**

Children and young people with learning difficulties and special educational needs have become the most marginalised group and are often excluded from basic decision making processes (Klein, 2003). Often their voices are

overshadowed by the experiences of their parents or become an interpretation from a professional working with them.

Jelly, Fuller and Byers (2000) make suggestions that active participation teaches a child thinking skills which in turn can increase their learning and raise self-esteem. Having an increase in learning and self-esteem are benefits which educational professionals should be supporting and trying to foster in children and young people, particularly those with learning difficulties due to them being marginalised.

*“The experience of having their views heard and valued by an adult...can provide an enormous boost to the self-esteem of students who believe they have little control over their own lives, and can make a positive contribution to pupils’ capacity to learn effectively” (Jelly et al., 2000, p14)*

Through using an action research design I encouraged the young people to have an active participation role in expressing their views on the solution focussed approach and helping create adaptations for the specific techniques.

### **3.7 Data collection and analysis**

The data collected during the research was qualitative. Qualitative research uses a naturalistic approach which aims to understand phenomena in context-specific settings. This real-world exploration fits with the methodology of action research.

Within the cyclical process of the action research cycle, data is continually collected and acted upon and hypotheses continually generated, tested and adapted. The data collection and the analysis processes are evident throughout the entire research process and were not viewed as separate events. As I received feedback from the participants I analysed it and adjusted my practice in relation to this. Lewin (1946) believes that action research must include the active participation of those who carry out the work through the exploration of

problems that they identify and anticipate. The identification of problems and the solutions I developed are the rudiments of my data set.

The data was collected in a variety of forms. With the purpose of the action research being a development of my own practice, one source of data was from my reflective journal. In this journal I noted any points of interest or developments I noticed and what I discovered. Video footage of the individual sessions between the young people and myself provided a rich and detailed account of what happened in each session and how we worked together and developed new ways of working and adaptations of the different approaches. The videos were able to show the participants' feedback throughout the process.

### **3.8 Participants**

This piece of research was an exploration of the use of solution focussed techniques with young people with learning difficulties. For this reason purposive sampling was applied to recruit the appropriate participants. Purposive sampling involves selecting participants on the basis of meeting certain criteria for the purpose of the study.

I approached the head teacher of a local authority maintained special school with provision for children with moderate learning difficulties (MLD), severe learning difficulties (SLD) and profound and multiple learning difficulties (PMLD) within one of the Home-Counties in the South-East of England. I gained consent from the head teacher to conduct this piece of action research with pupils from the school (See Appendix D). A discussion was had with the head teacher about suitable participants for the research. Due to the diversity of disabilities and learning difficulties catered for within the school, I decided that I would not focus on obtaining a homogenous sample. Therefore, instead of choosing participants based on a specific type of disability or need, I used exclusion criteria to select my participants (See Appendix E). One variable that was accounted for through the exclusion criteria was age. Typically solution focussed techniques are not

used with young children (Pichot, 2007; Franklin, Biever, Moore, Clemons & Scamardo, 2001). This is due to the developmental stage that the children are at and their wish to make changes within their own lives. For this research I excluded all participants under the age of eight years old.

Another exclusion criterion that I applied was the academic level of the young person. From academic levels, an overview of a young person's language and comprehension skills could be obtained. For the purpose of this research, the participants would need to be able to engage with me and communicate their opinions and feedback during the sessions. From my previous experience working with young people with learning difficulties I decided that the participants would need to be performing at a level of P4 (QCA, 2009) or above, as assessed by their class teacher.

Once the exclusion criteria had been applied, information letters and consent forms were sent to thirteen parents (See Appendix F). From the thirteen parents invited to participate with the research, ten replied and gave their consent for their children to participate. These ten participants were approached individually and given information about the research project. I created an information letter and consent form for them at an appropriate literacy level (See Appendix G). It was explained to the young people about their right to leave and to not participate. All ten participants consented to participate with the research.

The ten participants who took part in the research varied in age from 12 to 18 years old. There were eight male and two female participants. There was a variety of diagnosed difficulties and disabilities which led to a range in cognitive abilities and communication levels.

### **3.9 Reliability and validity**

Golafshani, discusses how validity and reliability are "*rooted in [a] positivist perspective*" (2003, p597) and therefore have traditionally been used in quantitative research. Golafshani explores the use of validity and reliability

within qualitative research, and concludes that the terms should be triangulated and redefined to ensure a level of trustworthiness and credibility. Howitt (2010) also comments that validity describes the extent to which something measures what it is designed to measure. This research was designed to be an exploration and development of my professional practice skills and knowledge, therefore for this piece of research it was more helpful to look at the methods of analysis and the measure of validity would be how well the different methods of analysis matched the data.

For this research the data was the feedback gained from the young people in relation to their understanding of what I was saying; in their engagement and enjoyment of the technique trialled and their view and opinion of the whole process. Much of the analysis of data happened within the individual sessions which required instant analysis of what the young people were communicating and a following change or adaptation in what I was saying or trying to convey. These decisions were often very quick and it may have been possible for me to misinterpret what was being communicated to me. I kept detailed descriptions of each session with the young people to ensure transparency in the evaluating and modifying stages of the action-reflection cycle. All of the sessions were also videoed allowing me to review the sessions at a later date and observe my actions in response to the young people. Any potential misinterpretations were noted and some were revisited in following sessions. Having the ability to critically review my practice meant I was then more aware of areas for development which I could address in following sessions. McNiff and Whitehead (2011) say that action researchers need to be open to critique to test the validity of their knowledge claims. As part of the research process I received supervision from peers. To maintain the anonymity of the participants the video recordings could not be reviewed, therefore in supervision we discussed extracts and my responses from different sessions.

In addition to Golfshani's views, Creswell (2003) also makes reference to reliability measures being less relevant in qualitative research due to the gathered data being bound to that individual social situation. Roeden et al (2009)



state that research led by practice is only true of that particular situation with those particular participants, hinting at a lack of generalisability. This research is about my future professional practice as an Educational Psychologist, therefore it is not expected that others would be able to generalise these findings to larger populations. The reflections I made during the research process and the intent of interpreting the views and opinions of the participants are a better measure of reliability in this research as well as the possibility of colleagues following my learning. Adelman (1993) highlights that action research gives support to the development of powerful resources including reflective thought, discussion, decision and action. Through following this path, the researcher can produce credible valid research.

### **3.10 Ethical considerations**

When undertaking this research I needed to pay particular attention to ensure I conducted the research in an ethical way by both protecting and respecting my participants.

#### **3.10.1 Obtaining informed consent**

It was essential that sufficient consent was gained for this research especially due to the young people's potential vulnerability. In the first instance I approached the head teacher of the school and asked permission to undertake my research within the school. Once consent was gained for the research to be conducted within the school and with students from the school then we discussed potential participants.

Letters were sent to parents of potential participants clearly explaining the process of the research and outlining the data collection process including the use of a video camera (See Appendix F). During this time the parents were able to contact me to discuss any queries they had; some of the parents took up this opportunity.

Once the parents had agreed, I needed to ensure that the young people themselves understood what the research was aiming to achieve and what would be expected of them if they wanted to participate and what their rights were. The young people were given a simplified information sheet which used symbol representation to support the words (See Appendix G). I read the information sheet to the participants and asked if they had any questions and elaborated on any points that they were unsure of. To try to guarantee that the young people were fully informed before they consented they received the information in a written, symbolic and verbal format. The information and consent forms addressed issues of purpose of research, their role as a participant, right to withdraw and video-recording. The young people were given the option of indicating “Yes” or “No” before writing their name.

Before each session with the young people, they were asked if they would like to participate in the session and reminded of the video-camera and that they can ask to leave at any point during the session. On two occasions, one of the young people indicated their wish to not participate in the sessions non-verbally. This was acknowledged and their wishes were upheld. The young person was given the opportunity to participate in following sessions if they chose to.

The parents and the young people consented to the research with the understanding that any data collected during the sessions would only be used for the purpose of the research. After I had met with the young people and collated the personal information they shared, it seemed to me that the appropriate next step would be to share this information with relevant professionals who support the young person. I created a second information letter and consent form for the parents with regard to the sharing of relevant information (See Appendix I). For the young people I asked them verbally if they consented to me sharing some of what we discussed with the adults who help them at school. All of the young people consented to this and all of their parents consented to this change in the use of the information collected.

### **3.10.2 Maintaining ethical standards**

When planning and undertaking this research I adhered to the 'Standards of conduct, performance and ethics' (HPC, 2008) and the 'Code of ethics and conduct' (BPS, 2009). McNiff and Whitehead (2011) list three aspects that need to be considered when a researcher is deliberating ethical issues;

- Negotiating and securing access
- Protecting the participants
- Ensuring good faith

The main areas of ethical consideration for this research were informed consent, anonymity, confidentiality and data storage. These considerations largely fall in to McNiff and Whitehead's 'protecting the participants' category. Information and consent letters sent to the school, parents/carers and to the young people themselves were approved by the UEL Ethics Board. UEL ethical approval can be viewed in Appendix A. With the use of video data in this research, additional data protection measures were needed to be followed to ensure I was following the Data Protection Act 1998. Throughout the whole research process I believe I practiced in an ethical and protective way towards the young people I was working with, their families and the school.

## **Chapter 4 – The Action Research Process**

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### **4.1 Introduction to current chapter**

This chapter provides a detailed account of the development of the research. As explained in the previous section the methodology used for this research was Action Research. I worked together with a group of young people with learning difficulties to develop my professional practice and to develop new ways of adapting solution focussed techniques so they are accessible to a wider range of individuals. The detailed outline of the research process and the cyclical methodology will demonstrate how the research was conducted and results gathered and analysed simultaneously. The chapter concludes with some of the main findings and a synthesis of the young people's views.

### **4.2. Data and results**

From the individual sessions with the young people, there was a wealth of data collected. I met with each young person between two and four times for a length of time between 20 minutes and 80 minutes. This resulted in over 16 hours of video footage collected.

With qualitative research studies, the researcher usually transcribes the auditory data and will include the transcripts as part of the results section. I chose not to transcribe the video data I collected due to a large percentage of the footage being non-verbal communication and therefore a written transcript would not represent the communication and behaviours that occurred during the interaction. During the sessions a range of alternative communication methods were used by myself and the young people I worked with including Makaton signing, use of symbols, facial expressions and gestures.

To represent my results I will include short extracts from some of the sessions and I will include examples of anonymous photos from the sessions and work

that was completed during the sessions illustrating adaptations that were trialled.

The young people's names have been altered to protect their identity.

### **4.3 Preparation for Action Research**

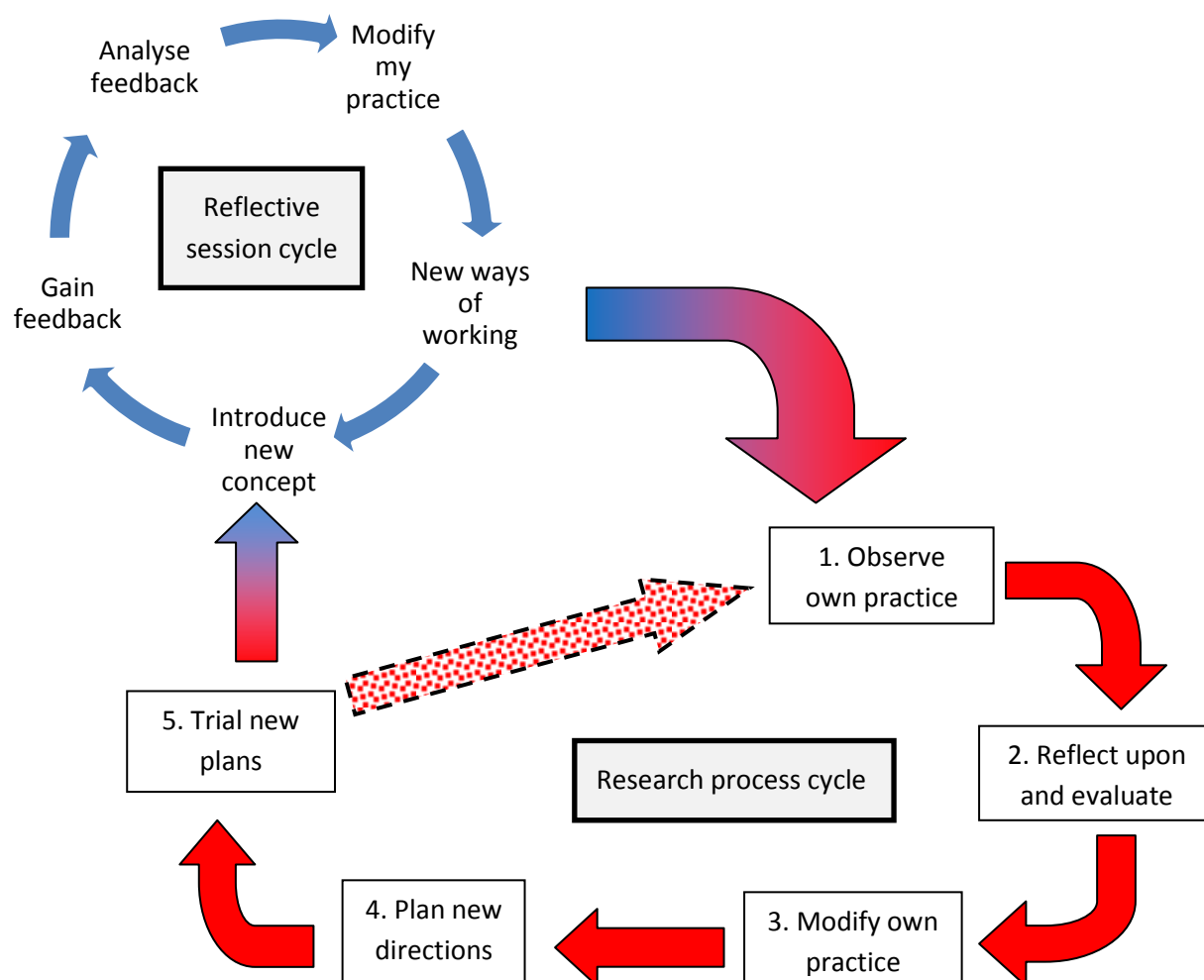
Rogers (1992) highlights the importance of the therapeutic relationship when undertaking therapeutic interventions. He states that it is the relationship between the client and the researcher that is the key element. Though as Milner and Bateman (2011) highlight a therapeutic relationship takes time to develop.

The young people I worked with have complex needs, some of which inhibit their ability to build relationships. Smith (2006) highlighted the importance of meeting with the individual with learning difficulties before starting therapeutic work. He discusses the need for a relationship between the practitioner and the individual with learning difficulties. To try to build and develop my relationship with the young people I prepared for the research by visiting the school and spending time in the students' classes as a class helper and interacted with them in a familiar setting for them. I found out about some of their interests and their preferred communication method. Solution focussed principles highlight the importance of believing the individual as an expert in their own lives, therefore I wanted to ask them about themselves rather than their teachers. The aim of the pre-visits was to introduce myself to the young person and so by the time I visited for the first research session, I would not be an unknown stranger to the young people.

### **4.4 Action research cycles**

As discussed in chapter 3, I devised an adapted version of McNiff and Whitehead's '*Action reflection cycle*'. The dual layer cyclical model enabled the

research to be emancipatory by involving the young people and responding to the feedback they gave throughout the research process.



*Figure 4.1 – Representation of my research design depicting dual layer cyclical models*

During the individual sessions with the young people I followed the reflective session cycle, as depicted by the blue arrows in figure 4.1. I introduced the new concept verbally and often with some visual symbols. I gained feedback by observing how the young people responded to the introduction of the activity. I analysed what their response conveyed; confidence with the task, confusion with the task, apprehension or lack of enthusiasm. Depending on the feedback the young people gave, I had different responses, including additional symbols, extra time to process the request and changing how I introduced the activity. These changes led to new ways of working which I developed during my sessions with the young people.

The feedback I gained from the young people came in different forms; verbal communication, non-verbal gesture, Makaton signing or symbolic representation (See Appendix H). Milner and Bateman (2011) state that effective communication and engagement are the most important skills needed when practitioners are working with children. As the action researcher I needed to be fully aware of any communication attempt and regard that as feedback from the young people and analyse it.

For this piece of research I conducted four distinct action research cycles. Each numbered cycle refers to the sessions I had with the young people. There was a time gap of two weeks between each cycle. This time allowed me to reflect on what had been learnt from the previous cycle and how I could incorporate the newly learnt knowledge within the next cycle.

I will present the methodology and results divided in to the four cycles. I planned for each cycle to include a different solution focussed approach. The students approached the different tasks with varying levels of engagement, therefore with some students we worked through a few different techniques and approaches in a single session. Franklin et al (2001) state that a therapy session needs to use at least three main therapeutic elements in each session for it to be considered solution focussed. The sessions I delivered were not considered to be therapy sessions, and so I did not need to follow this criterion. By the end of all the sessions I had achieved at least three different techniques with each participant.

#### **4.5 Cycle 1**

I will describe the process that I followed during cycle 1 and how I followed the action research cyclical process. I met with nine out of the ten participants for an individual session. The length of the session depended on their engagement with the session and level of concentration and the young person's wishes. The longest session lasted 55 minutes and the shortest session was 14 minutes, with the majority of the sessions lasting about 30 minutes.

#### **4.5.1 Solution focussed technique used and adaptations made**

Solution focussed brief therapy has different approaches and techniques. As stated in previous chapters, the purpose of this research was to develop my own ability in using some of the different solution focussed approaches with young people with learning disabilities and to see how these different approaches could be adapted to enable young people with learning disabilities access to different therapeutic techniques. The young people would be involved in the process of developing the adaptations and hopefully would feel empowered by their involvement with this piece of research.

Solution focussed brief therapy is a strengths based intervention and is structured to assist the client to think about their personal strengths and appreciate what they have already achieved. Within a typical solution focussed brief therapy session, one of the first approaches used by the therapist is 'resource activation', therefore I decided to also focus on this particular approach within cycle 1.

Resource activation is an approach which encourages individuals to think about their own strengths that may be useful to them in the future. By focussing on past achievements and the personal skills which have led an individual to succeed then they are likely to believe they can succeed again in the future.

I planned to spend time with each young person discussing what they felt their resources are. I believed the term 'resource activation' to be quite abstract and that the young people may not understand what it means. Therefore one adaptation I made was to change the terminology from 'resource activation' to 'what I am good at' as I thought this would be more comprehensible for the young people. Traditionally SFBT is a verbal therapy and therefore this particular approach would be undertaken in a verbal way. I believed that the young people I was going to be working with might not be able to access a verbal delivery of the approach and so I planned to deliver the session in a visual way. Smith, (2006) recommends the use of visual aids when working with this particular client group. Presenting the approach in a visual way would allow the young



person to see what they had said and it may allow them to think of other resources they feel they are good at. I prepared many different symbols using Communicate in Print (2004) computer software. I chose a range of school subjects, personal skills, athletic skills as well as independent living skills and personality traits. The students attend a school where the staff use this symbol based software and so they would be used to the visual symbols. The young people had the option of using visual symbols, Makaton signing or verbal communication to express their views. All suggestions that the young people made were visually represented. This emphasised the importance of their strengths and, to highlight their opinion, I tried to follow the solution focussed principle that the young people are expert in their own lives.

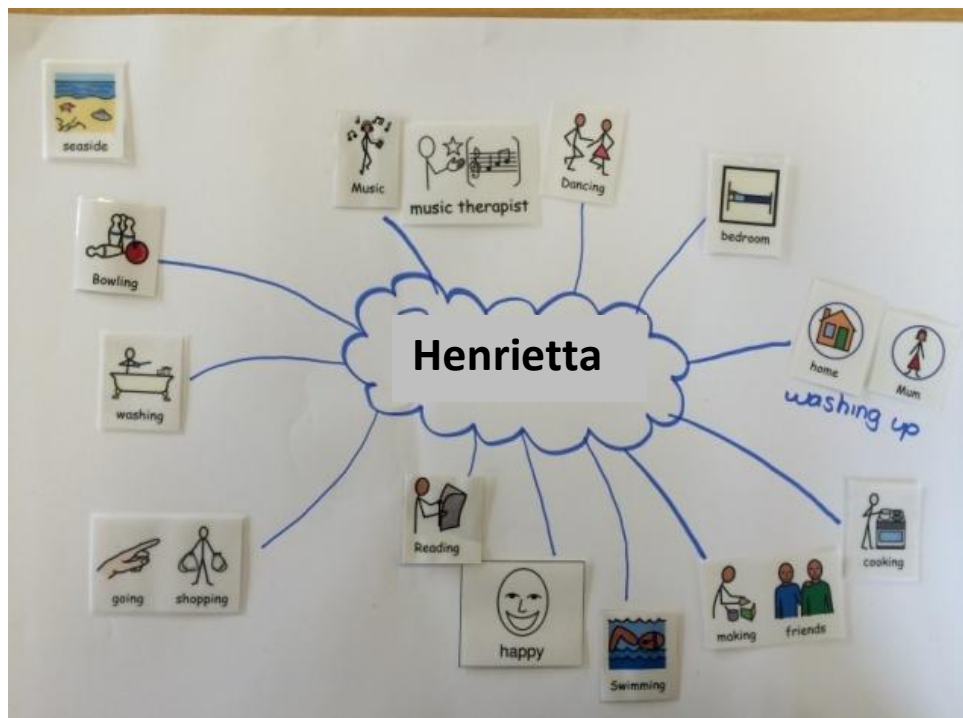
Another approach of solution focussed therapy is 'problem free talk'. This approach is when the client and the practitioner engage in talk which is not focussed on the problem or the difficult situation. This helps the client to believe that there is an alternative to focussing on the problem and that there are occasions when the problem is not the main focus. I used this technique in each session I had with the young people.

#### **4.5.2 Cycle 1: Henrietta**

Figure 4.2 shows Henrietta choosing from a selection of symbols about what she felt she is good at. Henrietta is a young woman of 17 years of age. She has been attending the specialist provision for many years and currently is within one of the sixth-form classes; attending college one day a week. Her verbal skills are delayed and can sometimes inhibit what she wants to express. She used visual aids and some signing to support her limited verbal skills. Her performance has been monitored by her class teacher who states she is working at National Curriculum Level 1C. Henrietta sometimes found some of the questions difficult to comprehend leading her motivation and attention to decrease. Henrietta did not want to attend all of the sessions.



*Figure 4.2 – Henrietta choosing her skills*



*Figure 4.3 – Henrietta's list of her skills*

Henrietta could choose from the different methods of communication available; verbal, symbolic, Makaton, or any other non-verbal communication. Due to Henrietta's limited verbal abilities she chose to use the symbols, though she was sometimes able to briefly expand on her choices verbally when asked further questions. Initially when I asked Henrietta what she was good at her response was often:

**Henrietta:** I don't know

Following the principles of solution focussed therapy which believes the individual is an expert in their own life, I reassured Henrietta that she would be able to answer the question. With support and giving Henrietta the time to process the question and to think of a response, she was able to create a list of a number of skills she believes she is good at as seen in figure 4.3.

From the responses from Henrietta, it appeared that she was not highly experienced with thinking about her skills. She was able to think of some and so she does feel she is good at different skills, but she initially found the technique difficult to access. The way the technique was presented was appropriate for Henrietta to access, but she needed time to process her views on what she thought she is good at.

#### **4.5.3 Cycle 1: Oscar**

Working with Oscar was in contrast to Henrietta due to variations in verbal communication skills. Oscar is 18 years old and will be leaving school soon. He is a confident speaker and describes himself as sporty, attending different sporting clubs. Oscar has good verbal skills and is able to express himself verbally though sometimes used visual symbols as well as verbal communication. Oscar engaged with all the sessions and was able to participate with all the different techniques. Oscar's teacher has assessed him as currently working between National Curriculum levels 1A and 2C as he prepares for college. Oscar is looking forward to college and has many plans for his future.

I asked Oscar what he was good at and he said cooking. He used the visual symbols as a prompt and then verbally expanded on the details of the skill. Oscar was very verbal and he was able to engage with this particular technique and showed a positive sense of self.

**Oscar:** I'm quite good at bowling...I'm brilliant at bowling

Oscar thought carefully about his responses and seemed to want to validate the reason why he chose a certain skill as something he was good at.

**Oscar:** Brushing my teeth, I do brush my teeth every day I do

At times it felt as if Oscar felt he needed validation that what he felt he was good at was true. He wanted my approval that what he was saying was correct. I reassured Oscar about the purpose of the activity, and emphasised that his responses are his own thoughts and there are no wrong answers.

Oscar was able to think of numerous skills which he was good at using the visual symbols as prompts and thinking of other skills himself, see figure 4.4.



*Figure 4.4 – Oscar's list of his skills*

In Oscar's list there are a mixture of different activities, some are academic and some are personal skills or social activities. Oscar did not choose to list any personality traits when asked what he is good at. Oscar mentioned activities he liked to do as well as ones he thought he was good at.

**Oscar:** I love watching a bit of telly

From the extract above Oscar describes he loves watching television. He chose to describe the activity with a preference, rather than by his skill at the activity. Oscar appeared to use the concept of accomplishment and participation interchangeably when asked what he felt he was good at.

#### **4.5.4 Cycle 1: Annie**

Annie was able to give many examples of her strengths and it appeared as if she found it to be a positive exercise. She was able to produce a very large amount of skills and personality traits that she believed she was good at, see figure 4.6.

**Annie:** Wow, I didn't know there were so many things I was good at

**Me:** It's good to see so many different things

**Annie:** Yeah



Figure 4.5 – Annie choosing different symbols to represent her skills

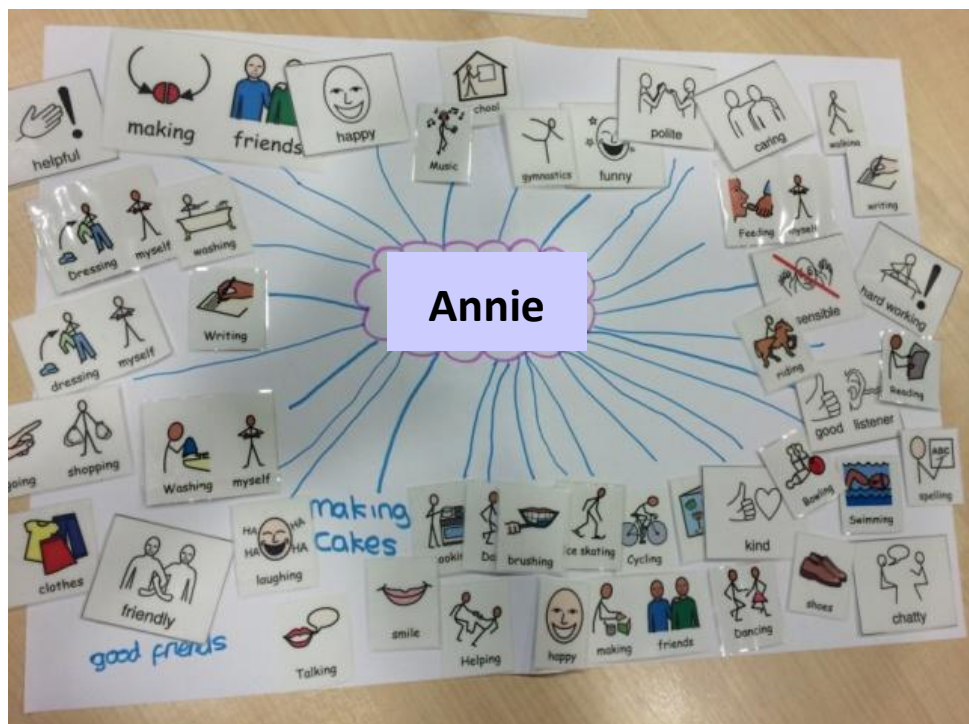


Figure 4.6 – Annie’s list of her skills

Annie is 14 years old and in her spare time she enjoys cooking and making cakes. Annie has very good verbal skills and is able to express herself well, though she chose to use visual aids due to shyness. Annie shows great ability to process some of the more abstract concepts included in the sessions and gave well

thought-out answers. Annie is currently working at National Curriculum level 1C as assessed by her class teacher.

Annie was able to think of different skills quite easily. She mainly used the visual symbols as a prompt but would verbally say what they were and she was able to give some extra examples without visual symbols. Annie appeared to have a sense of pride in her skills and she was very surprised and pleased with the final result of what she had created.

**Annie:** I'm good at spelling, and that's it

**Me:** Look how many there are

**Annie:** Wow

Annie was able to express her view of the approach that was trialled in her session, and described it as interesting.

**Me:** So Annie, how did you find that today?

**Annie:** It was interesting

**Me:** What bit was interesting?

**Annie:** Umm, thinking of what I was good at

Having Annie's expressed opinion of the approach allowed me to reflect on her view. I hoped that this piece of research would be emancipating for the young people involved. By gaining their views, I can shape the remaining cycles and it will develop my professional practice.

#### **4.5.5 Reflections and learning from Cycle 1**

After having met with each of the young people and concluding the first cycle of the action research process, I spent time reflecting upon what had happened during each session and any conclusions that I could make from the first action research cycle.

All of the young people I worked with were able to access the solution focussed technique of resource activation in some way. The young people were able to express their individuality through the choices and suggestions they made. Upon

reflection I wondered how often these young people have the opportunity to partake in strengths based conversations. Typically these young people may have experienced negative views in previous educational establishments stating they cannot do certain activities or attain certain skills. The young people's hesitation and sometimes confusion at being asked what they are good at may be due to their lack of experience with this type of conversation rather than a language or cognitive difficulty. Willner (2005) discusses that emotional problems are more prevalent in individuals with learning disabilities. Willner speculates that one reason for this may be due to the protective upbringing and environments they have experienced which have not equipped them with appropriate adaptive attitudes or coping skills. From the sessions with the young people, at times it appeared as if they had never been asked to think about what their strengths are. They were unaware of what they can do for themselves and their personal achievements.

As the researcher I had a dilemma about the terminology I had chosen to use within the sessions. For the resource activation approach I had posed the question to the young people of '*what am I good at?*' Upon reflection on some of the young people's responses I started to wonder if they could distinguish between the concepts of 'what I feel I am good at and the concept of what I like to do. One example of this was with Oscar.

**Me:** Is there anything else you are good at?

**Oscar:** Drawing, [pause] I like a bit of drawing I do

Oscar's response uses the word like. I began to wonder if he thought he was good at drawing or if it was an activity he liked to participate in. I began to think that the individuals could not access this particular solution focussed technique if they do not have an understanding of the concept of achievement and the concept of participation. I was unsure if a resource in this solution focussed approach has to be a personal quality of something an individual feels they are good at or could it be something which they get enjoyment from.



Looking back at the research on what resource activation says, I decided that a resource is something which helps the individual to feel better, whether it is something they feel they are good at, or an activity they get enjoyment from. Both of these concepts have a positive feeling for the individual and so there does not need to be a distinction between them. An activity that causes enjoyment can be just as resourceful as thinking about a particular skill or strength that an individual has. Positive thoughts and occasions are just as important to our positive mental health as well as reflecting on our achievements. Therefore I felt I did not need to do further exploration with the young people about their understanding of the individual concepts. From the sessions that I had with them, I believed that they all understood the general concept of a positive resource whether it is something they feel good at or something they like to do, or something which gives them enjoyment.

This realisation will impact my future working with all young people, not just those with learning disabilities. When working with them and discussing their strengths, I will remember to ask the young person to think about skills they believe they are good at as well as activities they like to participate in. The purpose of a resource is to create a positive sense of self accomplishment which could be from participating in an activity and does not only result in a sense of success.

Another professional skill that I learnt was to accept any response. This is a skill which follows Rogers' six elements of building a therapeutic relationship. Rogers states that the 'therapist' needs to have positive regard and empathise with the 'client'. From this statement I interpreted it as the need to accept anything that the young people said. When the young people were listing the skills and attributes they felt they were good at, I tried not to pass any judgement and I wrote all of their suggestions down and they were able to place the symbols they wanted to on the page. One example of this was with Thomas.

**Me:** Anything else

**Thomas:** Lying [*laughs*]

**Me:** Lying?

**Both:** *[laughs]*

**Me:** Who do you tell lies to?

**Thomas:** *[pause]* Can't remember

**Me:** Ok, What else are you good at?

From the extract above, it shows that Thomas said that he was good at lies. During our session when Thomas said he was good at lies, I respected this as his choice even though the act of lying is not always viewed as a positive skill or attribute. I thought that this was Thomas's choice and therefore I wrote it down as he feels that he is good at it and it serves as a resource for him.

In my future work I will remember to be accepting of all responses that anyone I am working with gives. When working with an individual I need to remember that the therapeutic technique is to support them and therefore any response they give which they believe to be helpful to them should be respected as a suitable option and responded to appropriately.

From this action research cycle I learnt about the use of visual aids within a therapeutic session. In previous job roles I have used visual aids in a structured educational context. I found the visual aids were a useful adaptation that allowed the young people to access this particular solution focussed technique. Although they were very useful in allowing the young people to access this approach, I also found that there were limitations. Due to the nature of the approach, the young people had a wide variety of skills and attributes which they felt were their positive resources. With such a wide range I did not have a visual symbol to represent all of the listed resources. This meant that there were times when the young people verbalised a resource but I was unable to understand what they were trying to communicate. The use of the symbols also possibly limited some of the young people's responses and shaped what they said. Sometimes the young people's suggestions were prompted by a visual symbol.

#### **4.5.6 Implications for Cycle 2**

The process of action research is to develop the research methodology as it progresses and to continually learn from and adapt it dependant on what has previously happened. The knowledge gained from undertaking cycle 1 will help to shape cycle 2. One of the first implications is a positive view that solution focussed techniques can be adapted to allow young people with learning difficulties to access these approaches. This research falls within the exploratory category due to the unknown nature of the conclusions that would be gained. There was limited previous research of using solution focussed approaches with this particular group of participants and I wondered if this was due to other researchers trying and being unsuccessful. After completing the first cycle there was a positive feeling about other solution focussed techniques.

After completing cycle 1 I became aware of the speed that each of the young people work at. The range of length of sessions highlights the differences in motivation, engagement and willingness to participate in the sessions. Some of the young peoples' sessions lasted 15 minutes while other sessions lasted an hour. This highlighted the need for more differentiation so there were options and a range of techniques for the young people to engage with.

Having reflected on the terminology I used and whether the young people understood the different concepts of achievement and participation, I needed to remember to focus on the purpose of the approach at its purest and simplest level rather than be distracted by the specifics of language and the use of semantics.

For cycle 2, I ensured I had visual aids available; I tried to have a wide range available to be able to cover the range of topics that may be discussed. I was aware of not prompting responses from the young people with the over-use of visual aids and aimed to ensure that the responses are theirs and not due to the available visual aids.

## **4.6 Cycle 2**

I will describe the process that I followed during cycle 2 and how I followed the action research cyclical process. During cycle 2 I met with all 10 of the participants for an individual session. The second session with each of the young people took place two weeks after the first session.

### **4.6.1 Solution focussed technique used and adaptations made**

From the research another approach often used in solution focussed therapy is scaling. Scaling enables the individual to think about where they believe themselves to be on a scale. Traditionally the scale would be represented numerically with the client imagining an ordinal scale in their head and thinking about the steps they need to make in order to reach where they want to be on the scale. There are many examples of different questions that practitioners can ask which encourage individuals to think about where they are and where they would like to be. The practitioner begins by setting the scale of 1-10 with 1 being the worst the situation could be, and number 10 could be after the miracle has happened or what the individual would like to aim for. The practitioner asks the individual to think about where they are and why they are in that particular location on the scale. The practitioner then asks follow-up questions relating to where the individual feels they need to be and what would help them to move up the scale.

Scaling is a numerical concept and usually requires the individual to have a strong understanding of the concept of number and ordinal scaling. From my time that I had spent with the young people, I was aware that some of the young people may not have a constant concept of number and therefore I would need to adapt the technique. In cycle 1 I noted the usefulness of adapting the verbally based therapeutic approach using visual symbols to increase the accessibility. To enable the young people to access the scaling approach I thought about how I could introduce visual aids. Stoddart et al (2001) spoke about how they adapted the traditional 10-point scale to a 3-point scale and often reinforced the

numerical values using smiley faces. Therefore I prepared numbers and smiley face resources which the young people could use to represent where they feel they would be along a line. Some of the young people chose to have numbers on the line, others chose to have faces to represent competency.

I also thought about different ways the scale could be represented. Roeden et al (2009) make reference to the scaling activity using ladder rungs or a thermometer to help the individuals conceptualise the activity. I thought a pictorial representation of stairs may assist the young people's understanding of the concept and trialled that with some young people (see figure 4.10).

#### **4.6.2 Cycle 2: Stanley**

Stanley is 17 years old and is within the sixth form department. He presents as quite shy and admits that he worries about things. Stanley's class teacher has assessed him as currently working at National Curriculum level 2C. Stanley has good verbal skills though requires longer time to process what has been said and to create his response. Stanley was able to think carefully and gave considered responses throughout the sessions. Stanley has thought about his future and has some clear ideas of what he would like to do when he is older. Stanley did not like the video camera and felt slightly intimidated by it and so during our sessions I tried to move the video camera to a more secluded location and so it was less obvious.

Stanley seemed to understand the concept of the scaling approach and could describe where he is and where he would like to be and what he can do to get there. Stanley chose to think about improving his skateboarding skills. Initially he thought about what a person would or would not be able to do at each of the positions on the line. Stanley opted to use the smiley faces and not have numerical representations. Figure 4.7 shows Stanley's scaling line that was created during the session. The writing in blue is what Stanley said to describe someone's ability at each position on the line. The orange star is where Stanley

thought he was currently and the reasons why he felt he was at that position. The red writing represents the suggestions that Stanley thought he could try to improve his skateboarding ability. Stanley thought that if he was able to follow the suggestions in red, then he would move further up the scale, as represented by the red arrows.

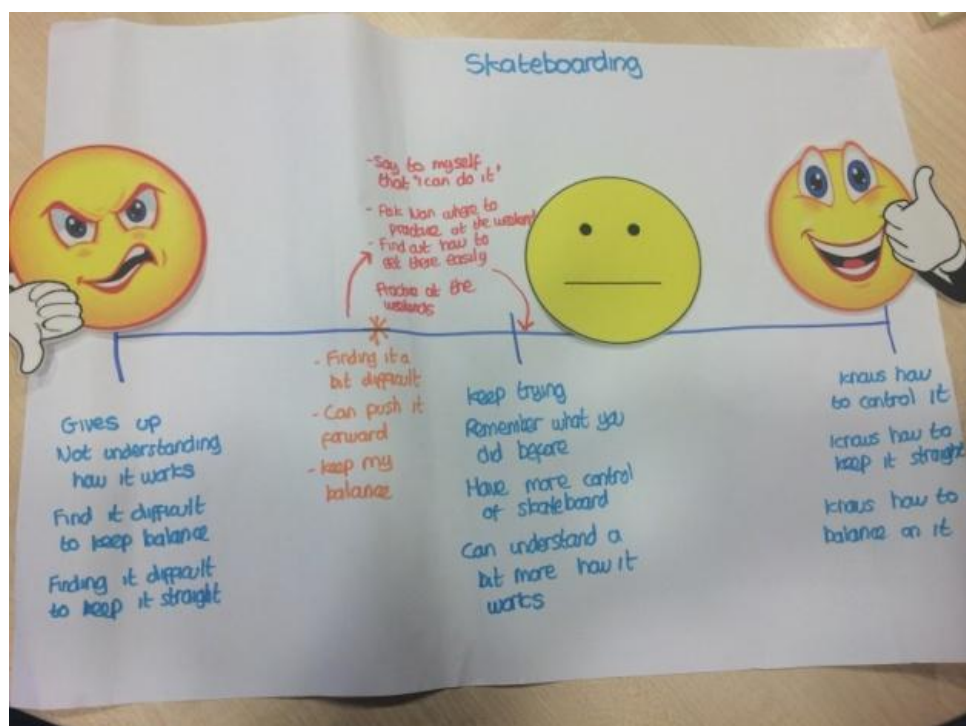


Figure 4.7 – Stanley's scaling line for skateboarding

Stanley understood the concept of the scaling and was able to give descriptions of what a person could do at different points on the scale.

**Me:** What could a person do on their skateboard if they were at this point?

**Stanley:** Might have a bit more control of skateboard

**Me:** Yep. Anything else that they can do which they couldn't do when they were here [*gestured to sad face*]

**Stanley:** Maybe like to, maybe understand a bit more umm a bit more how it works

Stanley found it slightly more difficult to think about where he might be on the scale. He is a modest young man and does not often think about his skills.

**Me:** Now then, you can put yourself anywhere on this line,  
where would you put yourself

**Stanley:** I'm not really sure to be honest

After a discussion comparing what Stanley can do with his skateboarding skills, and the descriptions he gave, Stanley was able to point to where he believes himself to be on the scale. He was able to give strategies which he could try so he could move further up the scale.

#### 4.6.3 Cycle 2: Oscar

Oscar enjoyed the scaling activity; he chose to talk about improving at tennis. Oscar decided he wanted numerical representation as well as smiley faces. From his comments it was clear to me that he understood what the numbers meant.

**Oscar:** Number three means you're really good

After putting numbers 1-3 on a scale with smiley face representations I asked Oscar to think about where he might be on the scale and why.

**Me:** Where do you think you are with tennis at the moment?

**Oscar:** I'm probably with tennis, I might be sort of, sort of in the, sort of between, sort of between one and two

**Me:** You think you're between one and two, and what does...

**Oscar:** So I'm a little bit not good and a little bit maybe

**Me:** Ok, so what makes you between a number one and two? What are some of the things you can do?

**Oscar:** I can hit the ball you see

**Me:** Brilliant

**Oscar:** Umm I can hit the ball and I can catch the ball

Oscar was able to think about his position on the scale and why he was there. All of this was represented visually for him to use, (see figure 4.8).

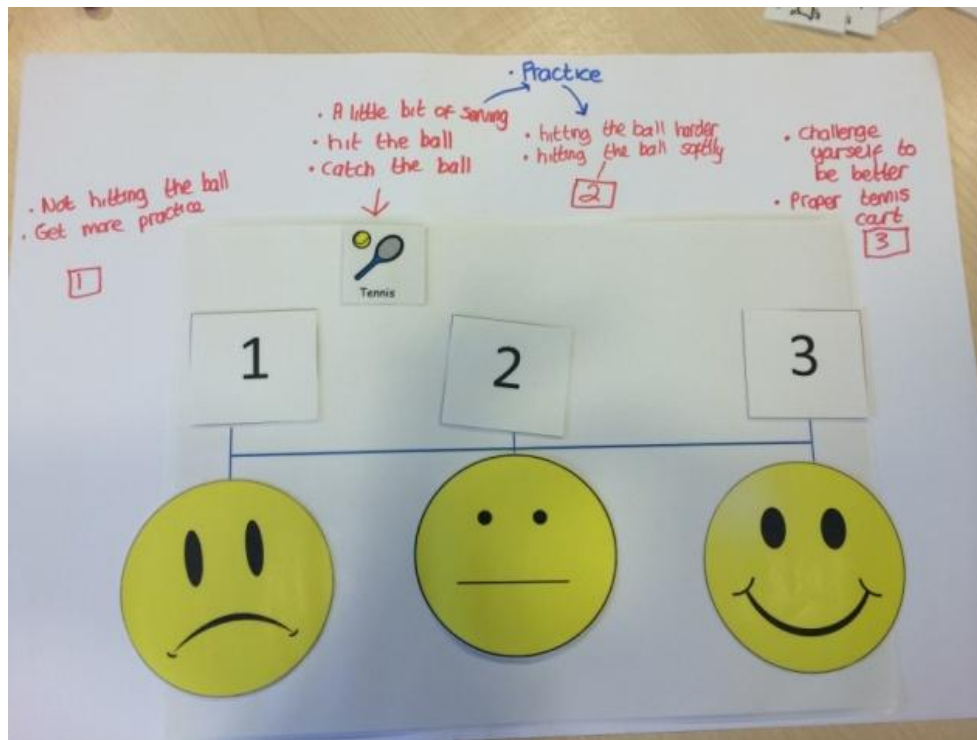


Figure 4.8 – Oscar's scaling line for tennis

Oscar's position was represented by the tennis symbol and we moved that to different places on the scaling line which enabled him to see the possibility of progression and to understand the concept of movement on the scaling line. Oscar gave a description of each of the numbers and a description of where he felt he is. His descriptions of each number are represented in figure 4.8. The description of what he feels he can do is above the tennis symbol which is where he put himself on the scale.

Initially when I asked the question to Oscar about what a number two would look like, his first response related to how he would achieve a number two, not what a number two is.

**Me:** So if you were a number two, what extra things would you need to be able to do, do you think? Or how would you know that you were a number two good at tennis?

**Oscar:** Try to get more practice, to hit the ball and catch the ball

I adapted my questioning and he was able to give a response, explaining what each of the numbers represents for tennis skill. One of the adaptations was to



rephrase what he had said and to turn his comments into an answer. Oscar responded well to the visual element of the activity and once he saw his responses written down next to the number they represent, it appeared that he understood the concept more.

**Oscar:** It would be harder

**Me:** So is that you would be hitting the ball harder?

**Oscar:** Harder probably and hitting the ball softly

**Me:** Ok, and hitting the ball softly, is that also something, ok, anything else you'll be able to do at a number two that you can't do now

**Oscar:** Umm let me think, what I can't do

With visual representations and simple language when questioning, Oscar was able to comprehend the concept of problem-solving and was able to think about where he feels he is and how he could get to where he would like to be.

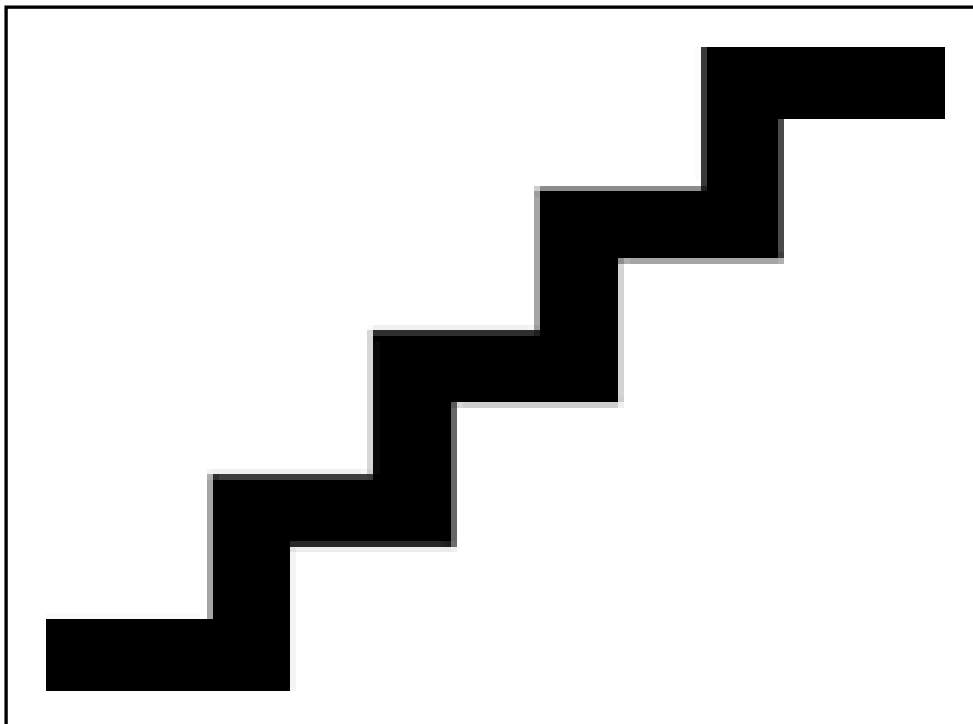
#### **4.6.4. Cycle 2: James**

James is a happy 13 year old young man. He initially appears as slightly shy but is quick to relax and happy to talk. James has clear plans for the future which include him developing his self-help and independence skills. James has good verbal skills and he chose not to use the visual symbols during most of the activities and was able to express himself well. James is currently working at National Curriculum level 1A and hopes to go to college in the future.

Whilst working with James I introduced the concept of stairs as a representation for scaling and the idea of each step being something which he could do (figure 4.9). James did not understand this concept, even with the addition of the smiley faces or numerical values. James was unable to see the step representation to be a scale where he could be anywhere on it (figure 4.10).



*Figure 4.9 – Using a different scaling format with James*



*Figure 4.10 – Step scaling format*

I changed to the horizontal line for the scaling activity and James was able to access the activity and verbally gave examples for different locations on the scale.

**Me:** So a zero is?  
**James:** Very very bad  
**Me:** Ok, and what's a number five?  
**James:** Really good

Once I reintroduced a visual linear scale to the activity, James placed numbers at either end and said what they represented, as can be seen from the extract above. James showed an understanding of the numerical scaling concept initially but when I began to question him a bit further he admitted to getting a bit confused.

**Me:** Where are you on the scale of being nice to people?  
**James:** I think I'm on number five  
**Me:** You think you're on number five. You said you would like to get better at being nice to people, so what number would that be?  
**James:** Four  
**Me:** Is that you want to be a number four or you think you are a number four?  
**James:** I don't really know it's confusing [*laughs*]  
**Me:** It is a bit confusing you're right [*laughs*]

During the activity I needed to regularly check that James was able to understand the concept of scaling and what it meant. From the extract above, it can be seen that errors in my explanation did occur. James felt confident enough to say he did not understand something and so I stopped and thought how to explain what I meant in an alternative way that would enable James to understand. I was able to do this by asking the question again using different language and using the visual resource as an aid. I placed the numbers sequentially and pointed to them as I repeated back to James where he believed he was.

#### **4.6.5 Reflections and learning from Cycle 2**

From this cycle I learnt about the importance of understanding the concept and how to simplify it. Scaling within solution focussed therapy is often delivered through verbal conversation and the therapist introduces the concept of a scale from 1-10. With the young people I was working with, it was clear that they did not all have a clear concept of number (Piaget, 1969). I did not allow this

potential barrier to affect my delivery of this particular technique and instead I introduced visual symbols of smiley faces. Typical scaling requires the participant to understand the concept of ordinal numbers, but through my work with these young people it is evident that that particular knowledge is not required to enable them to participate with the scaling approach.

When I worked with Oscar he chose the numbers for the scale and chose the numbers 1, 2 and 20, as can be seen in figure 4.11. Oscar was still able to comprehend what the scale represented and could give descriptions of the different levels and where he thought he was on the linear scale.

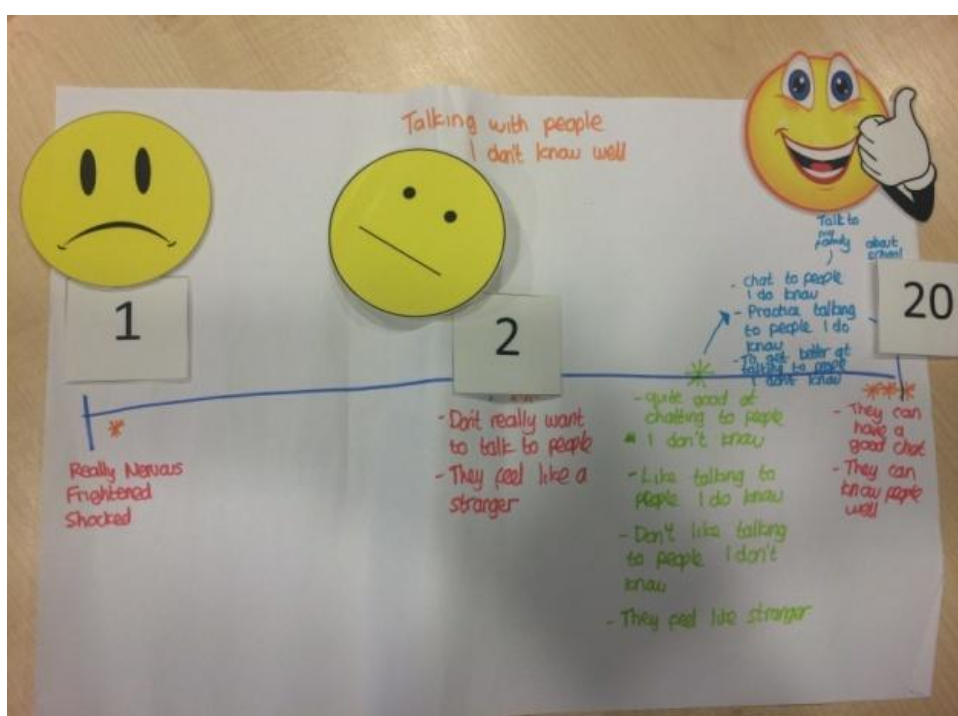


Figure 4.11 – Oscar's use of numbers for scaling

During my work with some of the other young people I adapted the concept and did not include any numerical values. On occasions the scale was represented by different number of stars, or by the smiley faces without the addition of numbers. The young people all understood the concept and were able to think about where they are on the scale of their choosing.

I found it enlightening when the young people were able to understand the concept. From my work with Oscar he was very excited about the prospect of moving up the scale and becoming a 'number three'. He left the session saying that he knows what he needs to do and he hopes to become a number three. Previous research has said that young people with learning disabilities are not able to access the complex constructs of target setting and scaling (Roeden et al, 2012). I was very proud of the young people that they could understand the concept and found it helpful and a positive technique.

One of the purposes of undertaking this research using an action research methodology was to be emancipating for the young people and to let them be part of the research process. I wanted the action research process to allow the participants to be co-researchers in the process. I listened to their feedback and views throughout the research process and ensured that they felt comfortable in expressing their feelings about the sessions. During my session with James I had not explained the scaling concept thoroughly and he felt confused. James felt comfortable to say that he felt confused, rather than giving a response he thought I would want to hear. His confidence in explaining his confusion allowed me to adapt the presentation and explanation of the technique and to develop a more effective explanation and delivery of the solution focussed technique.

#### **4.6.6 Implications for Cycle 3**

I was aware of the lack of clarity the young people sometimes experienced and so I needed to ensure that the instructions and introductions I gave were clear. Steve de Shazer talks about the notion of resistance and how if the individual has difficulty accessing and engaging with an approach which leads to them resisting, this is due to the practitioner who has not explained the concept clearly or has not made the individual feel comfortable to be able to engage with the session. De Shazer suggests one way to reduce this from happening is to use the same language that the individual uses. During my sessions with the young people I tried to use their particular phrases to aid them to engage with the activities.

With some of the responses that the young people gave during the previous session, I believe that my presence and responses may have influenced their responses. By virtue of the necessity to create resources and symbols before the session I could be influencing their responses due to which visual symbols are present and visible. Whilst working with the young people, I made reference to Bloom's taxonomy (Bloom, Engelhart, Furst, Hill, & Krathwohl, 1956). Bloom's taxonomy framework outlines different cognitive thinking skills a child or young person can access. The framework provides questions and structure to help support a child or young person to develop their higher order thinking skills. By using the different types of questions I was able to ascertain whether the young people could comprehend the activity or they were just remembering a response.

### **4.7 Cycle 3**

I will now describe the process that I followed during cycle 3 and how I followed the action research cyclical process. During cycle 3 I met with only nine of the participants for an individual session. This was due to Henrietta not wanting to participate with the session. This third session with each of the young people took place two weeks after the second session.

#### **4.7.1 Solution focussed technique used and adaptations made**

An important part of solution focussed therapy is the miracle question (de Shazer, 1985). There has been a lot of research in to this particular approach. It is said the clients often experience positive emotions during this particular technique (Lloyd and Dallos). Steve de Shazer developed this technique to enable the individual to think about the future without the problem being present.

The traditional miracle question wording as devised by de Shazer in 1988 is as below. De Shazer states that the question needs to be asked in this particular way.

*"Suppose that one night, while you are asleep, there is a miracle and the problem that brought you here is solved. However, because you are asleep you don't know that the miracle has already happened. When you wake up in the morning, what will be different that will tell you that the miracle has taken place? What else?" (1988, p5)*

Previous research with families of young people with learning disabilities suggested that the mothers did not find this technique helpful (Lloyd & Dallos). They focussed on the idea that the miracle would be for their son or daughter not to have their learning difficulties anymore. They found this approach to be very emotionally charged and did not like the experience. The family members' reactions and responses to this question suggest that they may not have accepted their child's disability or difficulties.

Despite the difficulties that previous researchers have experienced when working with the families of young people with learning disabilities, I decided that I would try to adapt this technique to allow the young people the chance to participate. There is no evidence suggesting what the young people feel when asked a similar question to the miracle question. It was unknown if the young people would be able to access this particular technique.

I thought about how I could adapt this technique to make it more accessible for young people with learning difficulties. A miracle could be seen as the outcome of someone's wish. I believed that the young people would understand the concept of a wish due to different films and television programmes that feature wishes. For this reason I created resources depicting a known Disney character who grants wishes. By using their knowledge of the film and the character the young people would be able to apply the context to themselves and think about what they would wish for if they were visited by the character. Due to the potentially emotional reactions that this particular solution focussed technique may produce, I thought how to present this question in a light-hearted way, but still be able to represent the key principles of the miracle question. The young

people were reminded that they could return to class if they wanted to and did not have to respond.

#### **4.7.2 Cycle 3: Edward**

Edward is a 16 year old male. Edward is very thoughtful and was able to access the verbal conversations without needing to use symbols to express himself, though he found the visual resources helpful at times. Edward was very open and honest with his responses and talked about his preferred future. Edward is currently working at National Curriculum 2C level and looking to go to college in the future. Edward sometimes has difficulties with finding the word he wants to say and correctly pronouncing it but he was able to express himself verbally and make himself understood.

From the visual resource, Edward knew who the character was and that he granted wishes for people. Edward understood the concept of what a wish was and when asked was happy to share his wishes (figures 4.12 and 4.13).

**Me:** Do you know who this is? [*gesturing towards visual resource*] Do you know him?

**Edward:** Umm, yeah yeah, I think I know him. He's from Aladdin"

**Me:** He is from Aladdin

**Edward:** umm his name is Genie?

**Me:** His name is, yeah. What does he do?

**Edward:** He, umm, he makes, he makes them wishes





Figure 4.12 – Using the visual resource to support Edward's understanding

Edward described his wishes and was able to describe how each of them would make him feel. The pre-made resource had space for three wishes. Edward described five different wishes. He did not want to be constrained by the resource; he wanted to explain all of the wishes he has (figure 4.13).



Figure 4.13 – Edward's wishes

Apart from one wish about becoming a millionaire, all of Edward's other wishes were experiences and skills he wants to achieve in the future as an adult, not at the present time. He wished to go to the pub, to go to college, to marry in the future and to have a flat. When questioned further about his wish to be a millionaire, it was so that he could go on holiday to Spain. Edward's wishes were central to him and his desires; other people did not feature in them. When I asked Edward about who would notice or what would be the first thing they noticed, he was unable to comprehend what I was meaning. I tried to reframe the question different ways and make it specific by naming key adults in his life and asking him how would they notice his wishes had come true, but Edward could not comprehend this aspect. He appeared to think about the question but could not understand the concept of what another person may think. Edward appeared to have difficulty understanding theory of mind (Baron-Cohen, Leslie, Frith, 1985).

#### **4.7.3 Cycle 3: Bertie**

Bertie is 13 years old and likes to have fun. His teacher has assessed him as working at National Curriculum level 2A. Bertie has a short concentration span and so our sessions lasted 30 minutes or less. Bertie really liked that he could see himself in the video camera and often distracted himself making faces to himself. Bertie likes superheroes and will talk at length about them, but becomes shy when asked to think about his own strengths or future plans. Bertie was able to express himself verbally, though occasionally used the symbols if they were available. This appeared to be so he didn't have to talk about himself.

Bertie knew who the Genie character was and what they represented. Bertie used his intelligence to his advantage and on his first wish, he wished for more wishes (figure 4.14). This shows a level of strategic thinking and that he believes the wishes to be a beneficial idea.

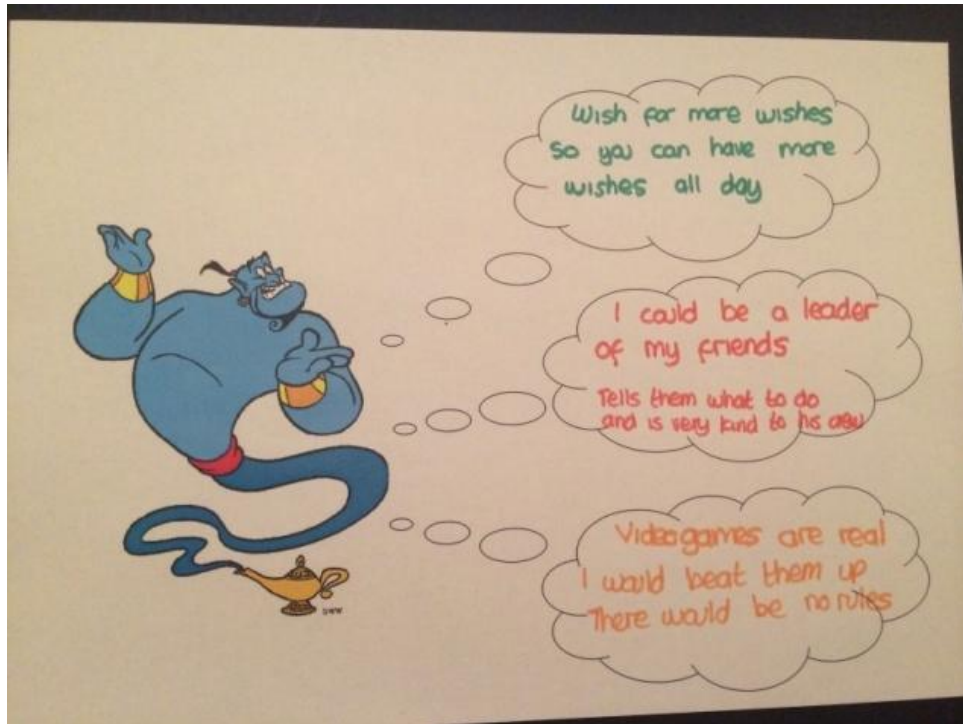


Figure 4.14 – Bertie's wishes

Bertie's remaining wishes were a mixture between realistic and less realistic. He wished to be the leader of his friends, which could give him a greater sense of self worth and be a positive step for him. I explored this wish with Bertie bringing his wish back to the reality of his current situation.

**Bertie:** Another wish could be [pause] I could be the leader of my friends

**Me:** How do you mean by a leader?

**Bertie:** I just wanted to be the leader of my friends, that's all

**Me:** So what sort of things would you do as a leader?

**Bertie:** The leader tells them what to do and not to do, and, and being the leader who is very kind of is crew and does all other things [pause] some of the crew helps him, helps the leader to make, to make the leader know so, so the leader could absolutely know

**Me:** Ok, and if you were the leader what sort of things would you tell them to do?

**Bertie:** Ummm, lots of stuff

**Me:** Such as

**Bertie:** Nah, umm that's all

**Me:** Ok so at the moment with your group of friends, is someone else the leader?

**Bertie:** No

**Me:** So do your group of friends have a leader?

**Bertie:** Maybe  
**Me:** And is it you?  
**Bertie:** Maybe  
**Me:** Ok, but you would like to be the definite leader?  
**Bertie:** Yeah  
**Me:** And so you would like people to listen to you?  
**Bertie:** Yeah  
**Me:** Do they listen to you at the moment?  
**Bertie:** Just a little bit

Steve de Shazer states that the purpose of the miracle question technique is to provide a framework to help the client explore the future in detail; there is no correct way for the client to answer the miracle question. The original miracle question asks what life would be like after the problem is gone, though it can be used to think about a possible future and is not necessarily problem focussed. Due to this research being exploratory and to find out if young people with learning difficulties could access some of the different techniques used within solution focussed therapy, the young people themselves did not come to the sessions with a problem they would like solved. With Bertie I was able to use the approach to explore his thoughts and ultimately I found that there could be a potential problem he is experiencing with his friendships, though had I asked him the question in the more traditional form, I do not believe he would have elicited any potential problems.

Bertie's third wish was for video games to be real. This wish is a general wish and not specific to personal improvements or any potential problems he may be facing or experiencing. He spoke about what he would do if video games were real and showed a certain level of enjoyment if this was true. I tried to explore this wish further but Bertie did not wish to answer the questions.

#### **4.7.4 Cycle 3: Annie**

Annie was unaware of who the Genie was or what he did. I had to explain to her about his ability to grant wishes. Annie understood this concept and was able to give three wishes. On the surface Annie's wishes seemed materialistic, but when I questioned her further it was to help her develop her personal skills.

**Annie:** I would have a big swimming pool

**Me:** Yep

**Annie:** In my garden

**Me:** So the swimming pool at home, if you had that swimming pool, what would that do?

**Annie:** It would, I would have fun in there

**Me:** Mmm

**Annie:** I would get better at my swimming

Through the questioning, Annie divulged what her perceived problem is, even though she may not have consciously acknowledged it. Annie views materialistic barriers to her improving her skills. Another one of her wishes was to have a big kitchen. After further exploration, Annie said that a bigger kitchen would allow her to be able to bake more cakes, which is an activity she loves to do. Annie was able to think about a future without the problems that she is experiencing even though she did not verbalise the problem itself. She was able to use the adapted version of the miracle question to think about a solution to a problem she is experiencing, even though she may not have recognised she was experiencing a problem.

#### **4.7.5 Reflections and learning from Cycle 3**

How I presented this particular solution focussed technique did not ask for the young people to have a problem that they wanted to discuss and work through. However, when they were asked about a wish, many of the young people spoke about wishes which were a solution to a problem they must feel they are experiencing. Whether the problem was a personal skill such as swimming ability, or having their friends listen to them, the young people showed an understanding of the concept through their engagement with the activity. The young people were able show their desire to be able to do/achieve something or to get better at a particular skill.

The previous research using the miracle question with the family of young adults with learning disabilities did not produce positive results for the family members. They found it very emotionally charged and many of them described the miracle

being their son or daughter's disability being taken away (Lloyd & Dallos). During this research the young people I worked with, described solutions to different problems they face which did not appear to be related to their difficulties. None of the nine young people I worked with had a wish relating to their difficulty. They do not see their difficulty as a problem, or they may not view themselves as different from other people. The problems which their wishes alluded to were problems which all teenagers face regardless of their level of disability. All teenagers experience friendship difficulties, all teenagers want to better themselves at a particular skill and that was the same with the young people I worked with.

The miracle question specifically asks what changes would be made to their everyday lives and routines. With the adaptation that I made, this was not as easy to explain and for the young people to comprehend. How I presented the technique, there was no specific timescale and it did not have to be related to their current lifestyle. For me to explore that further I needed to present this solution focussed technique in a different way.

Solution focussed therapy, is aimed at supporting the individual to find solutions to the difficulty they are experiencing. When this approach is presented in a neutral way, not hinting at a problem, the young people related them back to a perceived problem highlighting that they had made the link between a solution and a problem they have, even though the problem was not discussed within our sessions.

Sometimes the problem was not a specific lack of skill or difficulty, but it was the idea of viewing things differently, or that change could occur. De Shazer (1985) speaks about this as resistance and believes it does not exist, but rather it is the client's level of cooperation. De Shazer states it is the therapist's role to engage and encourage the client successfully so they are able to participate in the task. Stanley showed signs of this initially, suggesting that some changes may be too difficult to happen.

**Me:** Have a think, what would you wish for, it could be anything

**Stanley:** Well they would have to be, well, they would have to be something that would, you know be possible to do

**Me:** Why would it have to be something that is possible to do?

**Stanley:** Because if I said, well, because, well because if I, well, because, well, well if I say something, and then it might, it might, it might may be a bit difficult to do

I spent time with Stanley explaining the task again and reassuring him that changes can happen. He was able to participate with the task and expressed different wishes. His level of cooperation appeared to be due to a low locus of control that he feels about his life. He does not feel as if he is able to make changes and therefore he does not feel that any changes can occur. Talking with Stanley we discussed his different wishes, and how they would make him feel and what he has done so far. Klein (2003) spoke about individuals with learning difficulties being marginalised and rarely being involved in decision making processes. Stanley's initial response suggests he has limited experience with making decisions and making plans.

During this cycle the young people spent time discussing their future hopes and dreams. This is at a time when the Government has recently introduced new legislation and guidance highlighting the need for professionals to ask children and young people what their aspirations for the future are. The new Code of Practice (2015) is influencing the EP role. Working with the young people for this action research has highlighted how I can work in a way enabling young people to be able to answer what their aspirations for the future are.

#### **4.7.6 Implications for Cycle 4**

When thinking about the principles of the solution focussed approach of the 'Miracle Question' the individual is asked about how the changes would affect their life and who would notice. The adaptations that I made, asked the young people to think about the possible changes, but it did not focus on the changes

affecting their daily lives. I did not feel as if the adapted activity I had created truly covers the principles of the miracle question, therefore I needed to think about how I could ask that of the young people. I felt I needed to introduce an activity which personalises the different concepts of solution focussed and makes it seem more achievable to them.

#### **4.8 Cycle 4**

I will now explain the process of the fourth and final cycle. This cycle took place two weeks after cycle 3. I met with nine of the participants individually. The sessions lasted between 18 minutes and 43 minutes in length which was partly decided by the young people's attention and ability to engage with what was being asked of them, and partly due to school timetable demands.

##### **4.8.1 Solution focussed technique used and adaptations made**

During cycle 3 I explored the miracle question technique with the young people. After I had worked with all the participants, I reflected upon how my adapted activity may not have fully encompassed all of the principles of the miracle question. Therefore I wanted to try to explore this element further, making it more personal to the young people. The previous adaptation I developed of the miracle question required the young people to think about what their life might be like if a miracle or wish occurred. In reading de Shazer's explanation of the miracle question, he states that this is part of the purpose of the miracle question, and the other purpose is to allow the individual the opportunity to think about how these changes would affect their everyday life and who would notice. I decided to try to explore this part of the miracle question technique with the young people. I wanted to try to relate the miracle question concept to the young people, so that they could explore the idea of what their life would be like without the negative or problematic situation present. To personalise the concept I asked the young people to think about what their perfect day would



look like. This closely follows de Shazer's original miracle question. I tried to adapt some of his wording by setting the scene that a miracle happens when they were asleep and that they wake up to their perfect day and what would that be like and who would notice. This activity required the young people to have a concept of time and aging. I used visual aids to support this concept and explored how accessible this solution focussed technique was for them.

Another technique of solution focussed therapy is asking the individual to think about their preferred future. This allows the individual to have hope and discuss what they would like their life to be like. I thought this would be a technique which could be adapted for the young people. By asking them about their preferred future, there are clues to what they feel are problems or barriers in the way and it allows the young person to think about the initial step towards achieving their preferred future. I asked the young people to think about what they would like to do when they were older. This question is very relevant for some of the young people I worked with due to them currently planning their future for when they leave their current educational placement in the near future. The others will continue attending the same school provision for a number of years and so they have not had to think about what will happen when they leave school.

For all the activities I presented to the young people, I had a variety of different resources and pre-made worksheets available as well as symbols to use for communicating their views.

#### **4.8.2 Cycle 4: Thomas**

Thomas enjoyed thinking about his perfect day and what he would do. Thomas is 13 years old and likes dancing and computer games. His class teacher has assessed him as working at National Curriculum Level 1C. Thomas is a very polite and talkative young man; he is very happy to chat and share his views and likes to be listened to. Thomas can sometimes respond in an emotional way and this is shown in some of his answers. Thomas is able to respond verbally, though

sometimes struggles with pronunciation and appears to have word finding difficulties and so at times he chose to respond using the visual aids available to support his speech.

Thomas started by saying that the first thing he wanted to do on his perfect day was to be happy. He understood the concept of this being a special day and he wanted to be happy.

**Me:** ...tomorrow morning you wake up and it's your perfect day, so what would that look like? Your perfect day, your very special day?

**Thomas:** be happy

**Me:** You would be happy

**Thomas:** [*Nods*]

Through questioning Thomas was able to give an example of his perfect day and what he would do during that day. His day revolved around food and going shopping for new items of clothing. While Thomas was describing his day, he smiled and showed enjoyment in thinking about what might happen.

Due to Thomas's verbal abilities, sometimes his responses were single word answers; therefore I usually had to ask a secondary follow up question to gain more information or to clarify the point. In my questions I was aware of leading Thomas and I did not want any of my views to influence his perfect day view. Thomas knew what he wanted to say, but had difficulty with his expressive language. I quickly learnt to give Thomas time to respond and to not talk for him, it was important to allow silences. I monitored Thomas's responses during the silence to ascertain if he was still processing or if he was becoming distressed at all. Smith (2006) highlights the importance for the practitioner to be able to distinguish between a lack of ability and a lack of motivation that the individual is showing. From analysing the feedback I received from Thomas I noticed he used the silence to create his verbal response and therefore the reason for his hesitation in replying was not due to lack of motivation. Thomas showed annoyance if he could not be understood. I was aware that for Thomas to create a verbal response and pronounce it correctly requires a large amount of effort for him to succeed. Spending time with Thomas I became aware that it is

important to insist Thomas does work hard and to not overcompensate for him, otherwise his level of motivation and effort decreased. From my previous experiences, I have noticed that this is an area that some adults supporting young people with learning difficulties struggle with. The adults do not like to see the young person struggle and so will often 'step-in' and help the young person before they were required to exert much effort or thinking skill. By 'rescuing' the young people too soon, they can develop patterns of learned helplessness (Seligman, 1972).

#### **4.8.3 Cycle 4: Percy**

Percy is 17 years old and is within one of the sixth-form classes at the school. He is a happy and responsible young man with limited verbal skills. Percy has difficulty pronouncing words and often used signs or visual aids to support his limited verbal skills. Percy engaged with all the sessions with adaptations of visual aids. Percy is working at around National Curriculum level 1B as measured by his class teacher. Percy is eager to please and willing to try all of the new activities that were presented to him and appeared to enjoy the sessions. Percy views himself as a young child rather than on the brink of adulthood and this was reflected in some of his responses when discussing his future and the language that he uses.

Percy was very excited by the resources and the mention of a magical wand that was used as a way to introduce the miracle question.

**Percy:** That [*pointed at resource*] wand

**Me:** That is a wand. Who uses a wand?

**Percy:** [*pointed to picture of Genie*]

**Me:** He might use a wand, who else might use a wand?

**Percy:** [*pause*]

**Me:** Can you think of anyone?

**Percy:** [*shook his head*]

**Me:** A magician might use a wand

**Percy:** Magician

**Me:** And so it's a bit magical

**Percy** [*smiles, becomes excited*]

Percy was very motivated to participate and engage with the activity content through the use of the colourful resources and visual aids. Sometimes it appeared as though his enthusiasm for the task was stronger than his comprehension of the task. Although Percy was one of the oldest participants, his understanding of the different solution focussed techniques was not as comprehensive as some of his peers. This was evident when we were working together thinking about the future and what he would like to do.

When discussing what his wishes would be Percy's wishes were often instant wishes that he would like to do at that time, for example; go to the park, have a white basketball and play basketball. I explored the concept of his wishful situation by asking him what his perfect day would be. Percy listed many different activities that he would like to do including; going to the cinema, go to the park, eat pizza and go in the car. Percy appeared to be listing his favourite activities and did not seem to have the concept of time or what could happen in a day.

Percy showed difficulty in thinking about what he would like his life to be like without a problem situation. Percy did not mention any problems that he had and therefore he appears as though he is happy with his life. When asked about what he would wish for, his wishes reflected activities that he currently enjoys regularly. It was difficult for him to think of an alternative situation that would be any better than his current daily activities.

Solution focussed work may not be appropriate if the individual feels they have achieved their preferred future or no change is desired. If Percy was receiving a therapeutic intervention, his claim of achieving this position would need to be confirmed and then the intervention may cease if felt appropriate. In solution focussed therapy there is also the opinion of doing more of the things which work (de Shazer, 1985). In a therapeutic context this could be explored with Percy further. For the purpose of this research, Percy was able to access the technique but did not feel he had much to comment due to him not experiencing any problems or difficulties.

#### 4.8.4 Cycle 4: Gordon

Gordon joined the school recently and is still settling in. He is 12 years old and his class teacher has assessed him as working within the P-scales for his educational attainments; at P8. Gordon initially appears very shy and he talks very quietly. Gordon chose to use a mixture of verbal conversation and symbols to express himself fully and make himself understood. Gordon views himself as helpful and he appeared proud of the self-help skills he has accomplished. During the sessions as Gordon became more relaxed he would often start discussions about different topics that were unrelated. Gordon required support to keep his attention focussed on the activities and that allowed for different methods of the tasks to be trialled. Gordon was not present for all the sessions due to illness.

I asked Gordon what he would like to do or to achieve when he is 20 years old. Gordon responded using some of the available visual aids and he added extra details verbally. Gordon was one of the youngest participants and therefore I chose a future age that was younger than some of the other young people I worked with. The significance about 20 years old is that Gordon is likely to still be attending the same educational provision until he is 19 years old.

While working with Gordon initially I struggled to explain the concept of the future to him and growing up. From the excerpt below, it can be seen the difficulties that I had when I introduced the activity to Gordon.

**Me:** We're thinking about the future, when you're grown up and you're 20 years old. What would you like to do?

**Gordon:** Nothing. Aaahhh [*making faces at himself in the video camera*] (undecipherable) like lessons PE, things, maths,

**Me:** Ok when you're 20 years old you won't

**Gordon:** Adult

**Me:** Yes you're an adult, so you would've left school

**Gordon:** Oh yeah, you'd be, you be 19

**Me:** Yeah so at 19 you leave school and at 20 years old you wouldn't be coming to school, you could go to college or you could get a job

**Gordon:** Yeah

**Me:** What would you like to do?

**Gordon:** I, I can't go college

**Me:** Why couldn't you go to college?

**Gordon:** coz I too young [laughs]

**Me:** Yeah, now you're too young, but when you're 20 years old?

Following the difficulties with the introduction of the activity, I tried different visual aids to help Gordon understand the concept of aging. We worked together creating some life span resources to help Gordon understand the concept of aging (see figure 4.15).

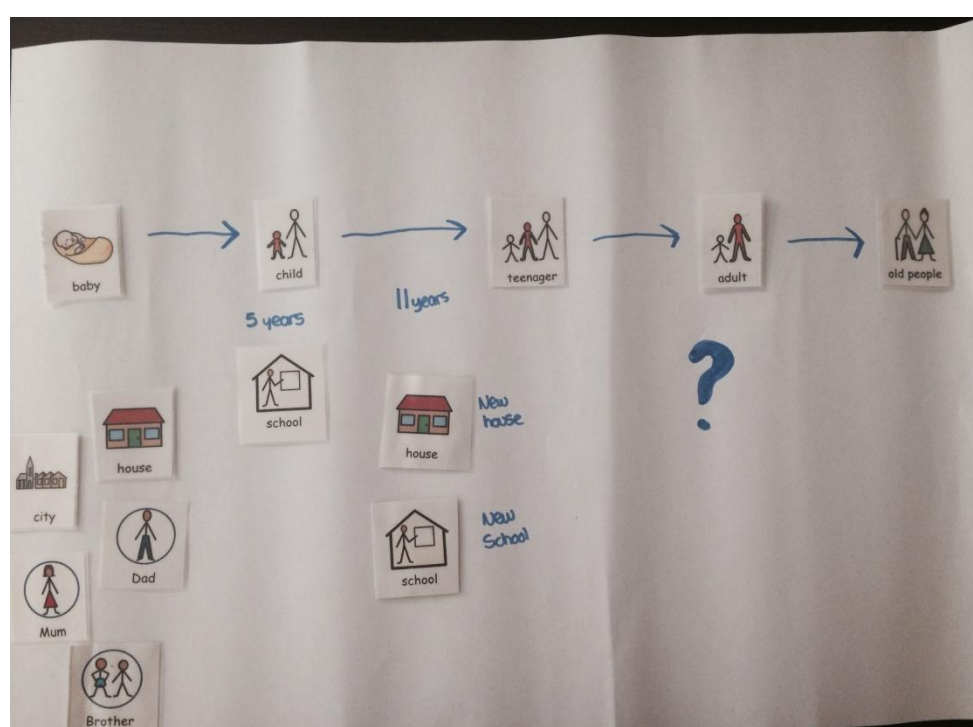


Figure 4.15 – Gordon's timeline



Figure 4.16 – Gordon’s preferred future

Through creating additional resources and activities, Gordon was able to comprehend the concept of aging and what he hopes to achieve in the future. Gordon’s thoughts about his future were well thought out. I guided the conversation to ask him about different aspects of his life as an adult.

**Me:** When you’re an adult, what else would you like to do?  
Would you like to live in the same house or would you like to live in a different house?

**Gordon:** Umm erm my own house

**Me:** Have your own house

When given the appropriate level of support and visual aids, Gordon gave his responses to his hopes and aspirations for the future. Gordon showed frustration at the beginning of the activity when he did not understand what was expected of him. He patiently worked through the additional activities which helped support his knowledge and understanding of the concept of him aging and the future.

#### 4.8.5 Cycle 4: James

James participated well with the preferred future activity. Initially he was a little confused about ages in the future and being an adult. Once I had used visual aids to support his understanding of numbers and ages then he said he was ok.

**Me:** Imagine you are 20 years old

**James:** That's not gonna happen though

**Me:** Why's that not going to happen?

**James:** Coz if I was an adult I wouldn't be that age would I?

**Me:** What age would you be?

**James:** Well I would be that age, I... I... I'm nearly 14

**Me:** Yep

**James:** I'm not 14 yet, my... my birthday's in February which is well [*looked puzzled*] really not that long, it is really long [*put head down*]

**Me:** So after 14 then you'll become 15, 16, 17, 18, 19 [*pointing to visual symbols*]

**James:** 16, 17, 18, 19 [*in unison with me*]

**Me:** And then you'll be 20

**James:** Yeah

**Me:** So in the future, when you're an adult and 20 years old

**James:** Yeah I'll be with my girlfriend still at 20, I'll still be with my girlfriend

Initially James was confused by the process of him aging. I used visual aids of numbers to support him and personalised the aging process to him and he seemed to understand the concept of the future.

James thought carefully about the different aspects of his life and what he hopes they would be like in the future. Included in James' list were some practical and specific targets he wants to achieve as well as more general wishes for the future. The more specific wishes included "*Do my shoe laces*". James explained how he cannot tie his own shoe laces but he really wants to. James described this future aspiration followed by "*get a house*", "*live with my wife*". To James they are all important features which he would like to achieve as an adult. James was the only young person to say what he would not like to be as an adult. He was able to distinguish between what he wants and what he does not want to aim for in his future. I was able to use the solution focussed technique of re-framing



with James when he explained he did not want to be a tramp in the future, by asking him what he did want his future to be like.

#### **4.8.6 Reflections and learning from Cycle 4**

From the previous cycle I was unsure if I had been able to successfully adapt the miracle question technique to enable the young people to access it appropriately. I reflected on this and thought about how I could ensure my adaptations of the miracle question allowed the young people to access what the miracle question aims to do. Therefore I added an additional activity in this cycle which also focussed on eliciting the young people's hopes and dreams when not constrained by a problem situation. The additional resource I developed through working with the young people asked them to focus on their perfect day. I asked them what it would be like for them on their perfect day, what they would do and who would notice. The young people were able to access this activity through the use of visuals or simple verbal questions.

When the young people were discussing their perfect days, many of them became very excited and showed a desire for their perfect day to happen. Their emotional response to talking about a possible future event showed that they had hope for their wanted scenario to happen.

**Oscar:** I hope my perfect day will come true

Having hope is important, as Marques, Lopez & Pais-Ribeiro (2011) explain. People who have low hope tend to experience more negative emotions and find it difficult to overcome the barriers in their way to achieve their goals. In comparison, those who have high hope are more successful in achieving their goals and therefore experience more positive emotions. Using solution focussed techniques to encourage the young people I worked with to have hope is important for them and ultimately will lead them to achieve their goals and have more positive feelings.

An important point of the miracle question according to de Shazer is asking the individual about who would notice that the miracle had occurred and how would they notice. De Shazer explains that often individuals will say family members would notice the change because the individual themselves were happier or another behavioural difference. I asked the question to Oscar about who might notice his perfect day.

**Me:** Who would know you were having your perfect day?

**Oscar:** Mum

**Me:** How would Mum know?

**Oscar:** I would tell her

Oscar's response is very pragmatic and he had not thought about how his behaviour may be different due to him experiencing his perfect day. Oscar's ability to think about his behaviour and the effect it has on other people may be diminished due to him having difficulties with his 'Theory of Mind' (Baron-Cohen et al). The response that Oscar gave is both valid and appropriate. De Shazer highlights the importance of how would other people know if an individual is experiencing their miracle, to which Oscar's response would satisfy this question.

Whilst I was working with the young people I enjoyed listening to their thoughts and supported them by asking questions to gain further knowledge. I enjoyed supporting the young people with their hopes and goals and thinking about what they would like to achieve in the future. A key principle of solution focussed thinking is the assumption that the individual is the expert within their own life (de Shazer, 1988). De Jong and Miler (1995) make reference to practitioners respecting the client's strengths and the direction the client wishes to apply them.

On one particular occasion I found there was a tension between my own personal views and values and the need to respect and support the wishes of the young people. This future dream the young people wanted to achieve was 'being able to drive'. I understand their desires to be able to drive and the feelings of independence and freedom it will give them and I want them to experience

those feelings. I personally found it difficult to support their desire to achieve those feelings through driving. I believe my personal feeling was due to my knowledge about the high level of responsibility that is placed on a driver. Reflecting on my personal views I was aware that as a practitioner using solution focussed approaches, it is my responsibility to support their wish and aspirations. It is not my responsibility to know and judge their ability to drive; trained driving professionals will make that decision. My role is to respect their wishes and aid them to think about what they can do next.

My discovery of my personal views surprised me. I did not know that I would find discussing this topic to be difficult for me. This highlighted the tensions that practitioners face when working with individuals. Berg and Miller (1992) talk about the need for goals to be realistic to the client's life. As a practitioner working with a young person with learning difficulties it may not be appropriate to know what is realistic for the client. Berg and Miller also say goals should have beginnings rather than ends. In this aspect the goal is something that is worked towards, rather than necessarily always achieved. For the young people I worked with, this could translate to a goal being working towards being able to drive and the solution focussed approaches could be used to support this aspiration. As a solution focussed practitioner it is important to follow the principles of the approach even if they produce tensions with personal values.

These final sessions asked the young people to think about their future which required them to have an understanding of the concepts of time and aging. This is a concept that Piaget has explored and found difficulties with. Piaget (1969) stated one difficulty with establishing a child's understanding of time was that their view is largely based on what adults had told them rather than on their own experiences. This leads to discrepancies between different children's understanding. Piaget suggested that a child's development of the ability to understand the aging process follows a sequence of three cognitive-developmental stages. Piaget concluded that children within the pre-operational stage can only understand the concept of earlier or later in regards to spatial location and with the support of visual aids. For example an object on the left is

first and an object on the right could be viewed as 'later'. I found this to be true when working with Gordon and we created his timeline. With this resource he was able to understand the aging process, which started with a representation of him as a baby on the left of the page and had stages of him growing up to the right of the page (figure 4.15).

Galper, Jantz, Seefeldt and Serock (1981) conducted a study following the hypothesis of Piaget and found that children develop their understanding of concepts of age and aging following a Piagetian cognitive-development sequence. The young people I worked with have some level of cognitive impairment and so their understanding of the concept of age will not be equivalent to their chronological cognitive development and therefore they may experience difficulties understanding the concept. Whilst working with the young people, I did experience some difficulties in engaging the young people with an activity that required them to think about the future or aging process. I overcame these difficulties by adapting the way I explained and presented the activity and with the additional support the young people were largely able to access this solution focussed technique.

From this cycle the importance of taking time to work with the young people became apparent. I had started the concept of future thinking in the previous sessions with the young people, and continued it in these sessions with additional resources and different delivery. Therefore I worked with some of the young people for a combined time of two hours to ensure they could access a single concept and solution focussed technique. This length of time spent with each young person individually is important. Without this time I could not guarantee their comprehension and access to the solution focussed technique.

I feel the multiple visits helped the young people through cumulative learning opportunities. Solution focussed therapy is an intervention that builds upon itself and is delivered over multiple sessions. From working with the young people it became clear that for them to access the different solution focussed techniques will require multiple sessions to cover each technique and will need to be

revisited to help the young person develop their comprehension and ability to engage with the technique.

The additional time is needed to help the young people process what is being asked of them. I became aware of the importance of this when working with the young people.

**Me:** So, what would you like to do?

**Stanley:** *[pause for 23 seconds]* umm, maybe go get a job

During my time with Stanley I was aware that he needed extra time to process the question before he gave his answer. I made sure I did not pre-empt his response by asking another question, but rather I waited for him to respond. I was aware of the long silence, but knew I had to give Stanley a chance to respond and not rush him. I wanted to make him feel at ease and so sat patiently and let him respond in his own time. Trialling these therapeutic techniques with the young people with learning difficulties highlighted to me the importance of processing time and creating a relaxed atmosphere allowing them time to respond.

#### **4.9 Participant's views of the research process**

Lewin (1946) views action research as being a method of democratic participation and should be co-produced between researcher and participants. One of the aims of the methodology of this research was to be emancipatory for the young people involved. Their views about the different activities and solution focussed techniques were collected and collated throughout each session. During the final cycle the young people were asked their opinions and views about the work that we had completed together.

The responses gathered in the final session from each young person were collated and then analysed. The responses can be seen in the table below (Table 4.1). They have been arranged in to a table depicting different areas that the young people were asked about.

*Table 4.1 – Participants’ view of the research process*

	<b>Overall view of sessions</b>	<b>View of the Individual activities</b>	<b>Positives about the sessions</b>	<b>Negatives about the sessions</b>	<b>Suggestions if the sessions would be repeated</b>
Participant 1 Gordon	Good - Because of the work	Liked wishes	Like thinking about when I’m an adult		I want to write
Participant 2 Stanley	Enjoyed coming to sessions	I talked about what I want to do in the future and how to improve things at school and home	Enjoyed taking about different topics Nice to talk to someone	Video camera	
Participant 3 Percy	Good Easy	Fun taking about genie Happy talking about wishes	Liked drawing Good thinking about being an adult		
Participant 4 Bertie	Fine Easy – to talk to people	Wishes	Like quiet		Can look after the children by getting to know them
Participant 5 Oscar	Really good	Chatted about my special day. It was interesting I want it to happen	Good chance for me to talk about things to do in the future		Chat with them longer More sessions

Participant 6 James	Nice Spoke about things I'm good at – makes me feel happy	Spoke about magic day – makes me feel great and happy Spoke about my love life	Helpful Me telling you that I'm good at things		
Participant 7 Annie	Helpful - Things I was good at	Liked thinking of what I was good at	Liked thinking of what I would do when I am older		Play games – learning ones
Participant 8 Edward	I liked it	I liked taking about what I am going to do when I get older	Peace and quiet Helpful – how are you getting on		
Participant 9 Thomas	Easy Good – I can talk	Liked thinking what to do as an adult	Feel happy – like to talk		

From table 4.1 the overall view of the young people was that they found the sessions a positive and helpful experience. Many of the young people enjoyed having the opportunity to talk about their future. Milner and Bateman (2011) believe that if conversations with children are to be useful then the children need to know what the purpose is. The young people's responses of the intervention being helpful then it can be concluded that they knew the purpose of the conversation suggesting the adaptations enabled them to comprehend the content.

Some of the young people made reference to liking having a quiet space where they could talk to someone. Carl Rogers (1992) discusses the necessary conditions within a therapeutic environment. The young people's responses suggest that within a short time together, we managed to create a positive and beneficial therapeutic relationship which they appreciated. Although the young people who highlighted they liked the opportunity to talk to someone in a quiet and calm room said they enjoyed the sessions and specified particular activities they liked, Rogers suggests they may have had similar feelings of enjoyment talking to any adult individually if they could recreate a positive therapeutic relationship.

From the young people's responses and views of the research sessions they participated in, it can be concluded that the nine young people who gave their views, enjoyed the sessions. Through using an action research methodology I aimed to create an environment that would allow the young people and myself to work together in a cooperative way rather than having an evident 'researcher, participant' relationship. Using Hart's (1992) model of the Ladder of Participation as a guide I aimed to create a partnership with the young people. From their responses and their confidence in suggesting alternatives for future research, I believe I was able to create a successful partnership with the young people for some parts of the sessions.



#### **4.10 Relating the findings to the research question**

From the beginning of this research, the main aim was to develop my practice as an Educational Psychologist. In chapter 1 I discussed the development of the research and my aspiration to combine my previous experience working within a specialist educational provision, with my newly gained psychological knowledge. This resulted in the following research question:

***How can I use solution focussed techniques with children with learning difficulties?***

From undertaking this research I have developed my personal practice and knowledge extensively. Working in partnership with the young people with learning difficulties I was able to gain their view and to adapt the solution focussed techniques so they could access them.

## Chapter 5. Discussion

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### 5.1 Introduction to current chapter

In this final chapter I will discuss and critique the findings. I will then relate this to the literature review. I will evaluate the research methodology and highlight areas for future research. I will explore the implications for EPs and school staff in the context of the new Government legislation (DfE, 2011).

### 5.2 Discussion of findings

The main findings from this research will be discussed under the four solution focussed techniques that were trialled and the accessibility of them for the young people with learning difficulties. The judgement of the accessibility was drawn from the young people's verbal and non-verbal responses during the individual sessions with me.

#### 5.2.1 Resource activation

The purpose of resource activation is to enable the individual to become aware of their own strengths that they already have and that have helped them in difficult times before. The idea behind this as Fluckiger, Wusten, Zinbarg and Wampold (2010) state:

*"Often people have problems in certain areas of life and desperately try to solve them without realizing that they possess skills and talents that could be used toward achieving their goals." (2010, p6).*

Through working with an individual they are supported to recount all their strengths which Fluckiger and colleagues say is then a source of *"contentment and well-being"* (2010, p6). Within this research I wanted the young people that I worked with to be able to gain a sense of the skills they have and what they feel

they are good at. I covered this solution focussed technique within my first session with each of the young people to also aid the building of our relationship.

The young people were able to access this technique through the use of visual aids. For some of the young people they chose to use the symbol representations of their skills and they did not verbalise the skills. Although some of the young people did not verbalise their strengths it was evident from their facial expressions and actions that they understood what they were asked to do and they were able to express a list of different resources they felt they had.

Some of the young people did not use the symbol representations and they verbally expressed their own individual thoughts of their strengths and what they felt they were good at.

**Me:** What else are you good at?

**Bertie:** I can do very special with my eyes

**Me:** What can you do with your eyes?

**Bertie:** [*Does an eye trick*]

**Me:** [*Laughs*] that is pretty cool. What shall we call that?

**Bertie:** [*Laughs*] flesticability eyes [*laughs*]

**Me:** [*Laughs*] what am I writing on here?

**Bertie:** [*Laughs*]

**Me:** I'm going to say special eye thing, does that cover it?

**Bertie:** Mmm, yeah [*does an eye trick*]

Bertie felt confident to express what he feels he is good at and to show it to me. Using this particular solution focussed technique in the relaxed way, allowed him to think about what were the important skills he feels he has. As the researcher I ensured to not make any judgments on the young people's responses. Their responses were what they felt were important to them and I facilitated them to create a visual representation of them and to highlight them to the young people.

**Me:** Look at all these things, helpful, trampolining, happy, cycling, dancing, bowling, drawing, waking, being a good person, singing, being a good listener, being polite hardworking, caring, building with Lego, ice-skating, washing, tidying, tennis, reading, gymnastics, being a good

friend and being generous. Lots of lovely things that you're good at

**Stanley:** *[Nods]*

**Me:** Anymore?

**Stanley:** No

**Me:** No. Well that's a lot of things on there that you think you're good at. Did you think there would be so many?

**Stanley:** *[Pause]* No I didn't

**Me:** Well it shows you're good at lots of different things

**Stanley:** *[Nods]*

Stanley had not thought about his achievements and his strengths before and he was genuinely surprised by the number that he was able to think of. By having his responses displayed clearly and visually to him, allowed Stanley to acknowledge all the strengths and resources he had identified about himself. Seeing them all in front of him made Stanley act a little bit shy and it seemed as though he was not used to thinking about his personal strengths and skills.

The young people I worked with were all able to access this particular solution focussed approach. It had a positive impact on them, and many of them were very surprised by the list which they were able to create by the end of the activity. I learnt what adaptations would need to be made in order to increase the accessibility of this solution focussed technique for young people with learning difficulties. I believe that this solution focussed technique can be successfully adapted to enable young people with learning difficulties the opportunity to access the technique and gain a greater insight in to their own lives leading to an increase in positive self-esteem.

### **5.2.2 Scaling**

The scaling technique used within solution focussed therapy is to enable the individual to think about where they believe they are on a numerical scale and where they would like to be. De Jong and Miller (1995) state that;

*“scaling questions are a clever way to make complex features of a client’s life more concrete and accessible for both client and worker” (1995, p732).*

Scaling is a technique that can be easily adapted to increase accessibility to those with learning difficulties. I wanted to explore the possibility of the young people being able to gain a sense of a linear scale and what the different ends of the scale meant. I also asked them to put themselves on the scale to see where they are in relation to where they would like to be. By using a visual representation of the scale the approach became accessible for the young people. As discussed earlier, the linear representation did not require the young people to have an understanding of ordinal numbers. All of the young people understood the concept of the linear scale and gave a description of each end of the scale.

**Me:** “What would someone at number eight be like?”

**James:** “If they were a number eight they would be really, really, really nice to me”

This extract shows that James was able to understand the concept of what a number, that was not visibly represented on the scale in front of him would look like. James has an understanding of numbers and their value which relates to the Piagetian concrete operations stage. During my sessions with the young people it became clear that some of the young people were not at this developmental stage. With the young people who were not at this developmental stage I made an adaptation to not use numbers on the scale. Instead, the scale was represented using different numbers of stars or by using smiley faces. This adaptation meant that the young people could visualise the scale from a sad face to a smiley face, and they understood the concept of being good or not good at a skill. Using a visual adaptation for this solution focussed technique reduced the verbal requirements from the young people. They were able to point to where they believed they were on the scale and, if possible, then they described why they thought they were at that position.

Some of the young people were motivated by the use of the scale to increase their abilities and a secondary benefit of using this approach appeared to give

the young people a goal to aim for. The activity of the scaling led the young people to want to move up the scale towards the smiley face or the higher number. This was evident with Oscar who discussed his tennis ability and the visual resource led him to become motivated to moving up towards a number three.

**Me:** Did this help, [*pointing to Oscar's scaling example*] getting it out and thinking about where you are?

**Oscar:** Yeah,

**Me:** How did that help?

**Oscar:** It helped really good coz I can thought, when I can get more practise and can challenge myself I might be a number three

**Me:** Yeah, I think so, definitely

Oscar was able to use the scaling activity as a visual motivator for himself and set himself a target to achieve a 'number three' at his tennis ability. The number is an arbitrary figure. He had described a number three as 'being able to play on a proper tennis court'. That is what is important to Oscar and that is what he has set as his own goal. Participating in this solution focussed technique gave Oscar a clear personal goal to aim for.

With some of the young people, I revisited their scaling examples. For Stanley this was a period of two weeks after he had initially completed the scaling activity.

**Me:** So if we were to do this again, where ... So two weeks ago before you had done it for the first time you were here [*points at location on Stanley's scaling example*], half excited half worried. Where would you put yourself now about being worried?

**Stanley:** To be honest I would maybe say maybe say, maybe there [*points to location higher up scale than original location*]

**Me:** Ok, that's fine [*draws location on scale*], and so what has made you move up to here from here?

**Stanley:** well, well I've like not worried like worried so much

**Me:** You're not worrying so much, brilliant, anything else?

**Stanley:** And you know, just, you know trying to, you know just trying to enjoy what you're doing.

**Me:** Yep [pause] do you know what you have to do now, a little bit better than you did when you were here?

**Stanley:** [nods]

**Me:** Has that helped you at all?

**Stanley:** [nods] yeah I think it has

**Me:** Ok so shall I write, knowing what to do?

**Stanley:** [nods]

**Me:** Anything else?

**Stanley:** Ummm mean if, if I'm not really sure about, you know if I'm not really sure about anything then I can, you know I can, know I can just ask, like just ask, I can ask for help

**Me:** Brilliant, ok

Stanley's scaling example can be seen below. The first time that Stanley participated with this activity is represented by the blue writing. The orange writing represents when we revisited this activity as described in the excerpt of our conversation above. The coloured stars are the positions he put himself at.

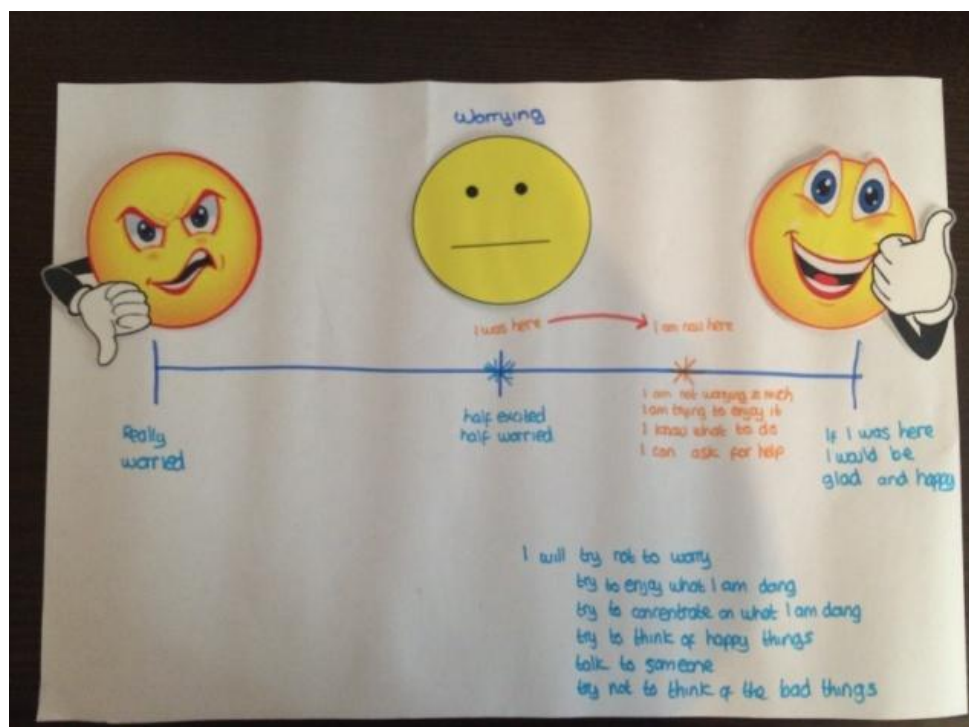


Figure 5.1 – Stanley's scaling line for worrying

Stanley was able to clearly reflect on his previous thoughts and location on the scale and to make a change based on his current feeling two weeks later. He was able to update his scaling example making it an interactive useful resource rather

than a one-off activity. Hopefully Stanley will be able to revisit this activity in the future and monitor his progress. This was an unexpected secondary benefit to the scaling technique.

The young people I worked with were able to access the solution focussed technique of scaling and could express different scenarios for the extremes of the scale and place themselves on the scale and verbalise why they believed they were in that position. What I learnt from working with the young people was the importance of making a visual representation of the scale. Another important realisation that I had whilst working with the young people was the need to adapt the scale to a non-ordinal representation. The young people I worked with were able to understand the concept of scaling even though their knowledge of numeracy has not fully developed to understand the ordinal values of numbers.

### **5.2.3 The Miracle Question**

Steve De-Shazer (1985) developed the miracle question as a way of shifting the conversation into the future tense and thinking about life without the problem. To be able to access this concept, the young people needed to have a concept of time and the future. This ability is related again to the young person's stage of development. I adapted this particular solution focussed technique by asking the young people to think what they would wish for. I used the context of a well-known Disney character that grants wishes. The young people understood the metaphor and were able to think of different wishes that they would ask for.

The ability to think of wishes showed that the young people were able to think about an alternative future. I followed up this activity with a secondary activity aiming to explore the young people's ability to access the miracle question. The miracle question asks the individual to think about a different reality within the context of their daily routine. I tried to encapsulate this idea of change within their daily life and in the present time rather than in the future.



To enable the young people to think about the potential differences within their own daily lives without a problem, I questioned them about their perfect day and what they would do and how they would feel. This adaptation to the miracle question allowed the young people to think about their daily lives without any potential problems.

**Me:** "...tomorrow morning you wake up and it's your perfect day, so what would that look like? Your perfect day, your very special day?"

**Thomas:** "be happy"

In each session with the young people I revisited what we had covered in our previous sessions. This was to remind them of what they had said and to set the context of the session. During my fourth session with James we looked at his previous wishes.

**Me:** And we looked at some of your wishes, and what you would wish for [*gestured to the visual resource*]

**James:** That, that, [*excitedly pointed at the resource*] that came true going around (girlfriend's) house, that came true that did [*smiling, very excited*]

James was able to recount one of his wishes coming true. His response was joy and surprise that it had happened. He then began to wonder about his other wishes and this gave him hope for the future. Marques, Lopez & Pais-Ribeiro (2011) highlight how important having hope is. James commented on one of his wishes coming true which will give him hope for other goals in the future.

What I learnt while working with the young people on this particular solution focussed technique was the realisation of what the miracle question is designed to do. De Shazer designed the miracle question in a specific way to uncover the individual's thoughts about a certain aspect of their future; it is not just a wish. After my first adaptation I realised I had not done justice to the approach of the miracle question and therefore I revisited it and tried a different activity to elicit a similar level of information. From the responses that the young people were able to give relating to this approach, I was confident that they were able to understand the concept of the future and answer questions relating to their

preferred future which was another solution focussed technique I trialled with them.

#### **5.2.4 Preferred future**

This particular solution focussed approach was developed to allow the individual to think about what they would like to work towards and how their future would be without the presence of the problem situation (de Shazer, 1985). I trialled this particular approach after the miracle question approach and therefore I was confident that the young people I was working with would be able to understand the concept of the future.

When working with the young people, one adaptation I made was to add a specific age to the question. This was partly due to the young people not expressing any problem they are experiencing, and also to focus their thoughts. By stating a particular age of their choice the young people had a goal in mind. They were all able to think of what they would like to do at the specified age and they showed understanding of what could be possible for someone at that age. The young people I worked with were all within their teenage years and the ages chosen for this activity were between twenty and twenty five years old.

#### **5.2.5 Problem-free talk**

This particular approach I adopted throughout all my sessions with the young people. Often this would start before the formal session. Due to the physical location of the sessions, there was often a portion of time spent with the young person walking between classrooms. During this time we would engage in problem-free talk which was started by me asking them about positive events that had occurred since the last time we had met.

The young people followed my lead on problem-free talk and rarely engaged with problem-saturated talk. This may be due in part to them being referred by

others rather than them self-referring and therefore they may not have felt they were experiencing any problems in their lives.

### **5.3 Critical evaluation**

In this section I will evaluate the research in three main areas; Methodology, Resources and adaptations and the Process.

#### **5.3.1 Methodology**

Completing four cycles of this empowering action research was time consuming. In typical practice it may not be possible for EPs to replicate the amount of time I spent working with each individual student. During each stage of the cyclical model, methods and adaptations were selected and developed which incorporated the previously learnt knowledge.

##### **5.3.1.1 Action research**

The methodology I chose for this research was action research. Action research is sometimes viewed as not being as rigorous as other methodologies due to its changeability. Dadds and Hart (2001) talk about the methodology of action research as being 'methodological inventiveness' suggesting the action researcher may try different designs or specific methodologies until they find their preferred one. Conducting research in this way can be both 'exciting and risky' (McNiff and Whitehead). The action researcher is constantly re-evaluating where they are, what they know and developing the next step, taking into account any perceived potential problems and using the knowledge that has been gained previously. For this to continue as a smooth process the researcher is in fact more rigorous than in some traditional research methodologies, through constantly reviewing their work and looking for improvements. It is not a case that action researchers are just constantly changing their mind and have not

settled on one methodology (Dadds & Hart), but they are using the best elements of different methodologies to help them follow their original idea. Geiger, Freedman and Johnston (2015) highlight a strength of action research is the focus on creating solutions and allowing the practitioner to engage with the research.

#### **5.3.1.2 Individual sessions**

The methodology involved individual sessions between myself and the young people. There are some difficulties with 1:1 sessions; including an emphasis on the therapeutic relationship (Rogers, 1992). Ross and Scott (1985) explored differences between individual therapy and group therapy. They found no discernible differences in the outcome of the interventions, and concluded that group therapy is more cost effective and therefore should be the recommended best-practice. Therefore there is an argument that I should have conducted my research through group sessions or focus groups. I did contemplate the use of focus groups, but felt due to the differences in communication abilities it would not produce an equal opportunity for all the participants to share their ideas and views. During the individual sessions I explored some personal details with the young people and it would therefore not be suitable or appropriate to have completed the sessions as a group.

Smith (2006) and Stoddart et al (2001), both make reference to individuals with learning difficulties often wanting to please those who asked them questions. Therefore, Smith states that often their answers are not a reflection of their true feeling but of what they believe they should say. This is a difficult issue to overcome. Through spending time with each young person and reassuring them that there are no right or wrong answers I was able to gain their trust and I observed a shift in their responses becoming what I believe was more truthful.

Stoddart et al (2001) highlights the importance of a support network for the individual with learning difficulties, who would support them with the

therapeutic sessions. Smith (2006) recommends the individual has someone with them during the sessions to be able to support them outside of the sessions. The young people I worked with did not have someone supporting them throughout the sessions, due to the research nature of the sessions. The posters I created for each young person (figure 5.2 & Appendix K) detailed the young person's thoughts and aspirations. By sharing these views with their support network (parents, school staff) they will receive ongoing assistance working towards their aspirations.

#### **5.3.1.3 Use of video camera**

I used a video camera to record the sessions. The presence of the video camera altered some of the young people's behaviour. Only one young person made a specific indication that they found the video camera to be a negative addition to the sessions. This was taken in to consideration and in future sessions with this individual the video camera was placed in less obtrusive locations. I reflected upon not using the video camera with this individual, but felt the richness of data gained from the video camera would be lost. I was aware that this decision was not fully following the wishes of the young person, and unfortunately the requirements of the research process were adhered to rather than the wishes of the young person. This did go against my usual professional practice, and was in stark contrast to what I was trying to achieve through the action research by ensuring the cooperative nature of my relationship with the young people and the emancipatory element to the research. For the other young people, the presence of the video camera provided a fun distraction for them, and many of them were very consumed by staring at themselves and making faces at themselves. The use of the video-camera could be criticised due to the impact it had on the young people, both positive and negative. The purpose of the video camera was to capture the verbal and non-verbal interactions during the sessions. I feel that the benefits gained using the video-camera, mainly the ability to review the sessions and reflect on them and the ability to pick up minute

interactions which may have been missed during the sessions, was important and outweighed the negative impacts of the video-camera in the session. As a practitioner I will not use a video-camera during my sessions and so should not face future difficulties.

#### **5.3.1.4 Informed consent**

Consent was gained from the head teacher of the school, each of the young people's parents and also from the young people themselves. The degree of their understanding needs to be acknowledged and the ethical debate about whether the consent the young people gave was truly informed. If it was, then for those young people who were 19 years old, the question could be asked, was there a need to gain parental consent as well? The idea that their parents ultimately decide what they can and cannot participate with, when they over the legal consenting age goes against the empowering environment that this research tried to create. As a researcher I am aware of the ethical conundrum that this poses as well as the need to follow legal guidance. I am aware that there may be criticisms from some that I did not need to gain parental consent from those participants who are legally old enough. I'm aware that there may also be criticism from other people, who believe due to the degree of learning difficulties the young people experience, then they may not fully comprehend what their participation entails and therefore their legal guardians need to make that decision for them. I believe that the simplified information letter and consent form (See Appendix G) allowed the young people I worked with the opportunity to understand what would be expected of them and explained they could leave when they wanted to.

#### **5.3.2 Resources and adaptations**

During the research process many adaptations and resources were created which was also an aim of the research.

### **5.3.2.1 Symbols and visual aids**

The adaptations I produced used a variety of media. Some of them were created in the sessions and so were made using paper and pens. Some of them were created as part of my preparation before a session and so I used the computer and added clipart images to them. The communication symbols I used were from the software programme 'Communicate in Print'.

The young people themselves did not physically create the resources; this was due to time constraints. Had I been able to work with them for longer then they may have been able to assist with the physical creation, rather than them communicating to me what the resource needed to be like.

For the resources that I made in preparation, I used my knowledge of the young people and chose what I hoped would be appropriate images to support what I was trying to convey. If I did the research again, I feel it would be beneficial for the young people to see the resource being created and for them to have a view on the images used. This would take a considerable amount of time, but it would allow the young people to be in true partnership with myself as the researcher in the construction of the adapted resources.

### **5.3.2.2 Validity of the adaptations**

Action research is sometimes rather crassly viewed as being only the researchers choice as to which direction the research should go and therefore being subjective. Roeden et al (2009) claim that practice-based evidence is only valid with those participants and in that particular situation. Action research can be applied to many more situations and is more robust than Roeden et al claim. Action research can be viewed as a systematic enquiry through testing the validity of claims to the knowledge (McNiff and Whitehead). The practitioner's living theory of practice is created through an account of what was done, including descriptions of the research process. This is combined with

explanations giving reasons why the research was completed in that way and what the researcher was aiming for.

This rigorous testing of validity and clear explanation as to why the action researcher follows a particular path within the research ensures that the research has a strong legitimacy. I kept written records of what I did and I had the video-clips to review previous sessions and the choices I made ensuring they were systematic and followed a purpose. I did not make a decision without having the evidence to justify it.

#### **5.3.2.3 Practical arrangements**

This research required I spend large amounts of time with each young person. All the young people were met individually requiring a private room within the school. I visited the school for two days to complete each cycle and repeated this fortnightly. In addition to these visits, I had made preparation visits to the school. In reality I do not believe EPs are able to spend this large amount of time delivering individual therapeutic work due to time pressures.

If I were to repeat this research I would like to be able to have more sessions with each of the young people to enable a greater depth of understanding and to be able to trial different techniques. Smith (2006) reassures practitioners saying from his experience there is usually one technique that the client finds useful and therefore the practitioner does not need to deliver all solution focussed techniques.

#### **5.3.3 Process**

##### **5.3.3.1 Recruitment and representativeness**

This research required certain participants and therefore purposeful sampling was used, as described in chapter three. The group of participants that I worked with were not a homogenous group due to the vast variety in learning disabilities



that exist. Therefore if generalisations were to be made from this piece of research the implications of the range of participants' needs to be acknowledged. This piece of action research aimed to develop my professional practice working with young people with learning difficulties, to explore the possibility of using solution focussed approaches with the participants and to be emancipatory for the participants.

Another difficulty I faced with the young people I worked with during the research was that they were not self-referred. Stoddart et al (2001) found in their research that solution focussed therapy is more effective with individuals with learning difficulties, if they have self-referred. This research was not focussing on the efficacy of the therapeutic approach, but it should be acknowledged that research suggests better outcomes when an individual self-refers, rather than selected by external agents.

Due to the young people not self-referring another slight dilemma that I encountered was how I introduced the different approaches. Solution focussed approaches are used when an individual has a difficulty or is experiencing a problem; they have a negative force within their life and they need assistance to help them to attempt to reduce it. The participants I worked with were chosen due to the exclusion criterion that was created. The participants did not necessarily have a problem that they wanted support with. The lack of a problem situation to discuss during the different sessions sometimes made it difficult to work through the different approaches. One way I introduced the scaling activity was to ask the young person if there was anything that they would like to get better at. For most of the young people this was a good introduction to the activity, but on occasions when I tried this, it did not go as planned and I needed to rethink how to introduce it.

**Me:** Is there anything that you would like to get a little bit better at?

**Gordon:** Noooooooo

**Me:** Or

**Gordon:** No

**Me:** Anything that you can think, that we can think about how you could maybe get better at

**Gordon:** Nope

**Me:** Nothing?

**Gordon:** Noooooo

**Me:** What about, reading? Would you like to get a little better at reading or writing?

**Gordon:** [*made faces at himself in the video-camera*]

**Me:** Or riding a bike? Or boxing?

**Gordon:** I don't ride a bike

**Me:** You don't ride a bike. Would you like to be able to ride a bike?

**Gordon:** Yeah, I got a little one

**Me:** Ok

When I asked the young people to think about their preferred future or tried the adapted miracle question technique their responses were based on their current lives which they all tended to feel happy with.

#### 5.3.3.2 Analysis of data

Action research does not start with a hypothesis. For this piece of research I started with a desire to develop my skills both as a practitioner and as an action researcher, therefore the data and analysis was personal to my development of knowledge and skills.

The collected data was a mixture of different formats. Some of the data I gained and analysed was a young person's response to a solution focussed technique I introduced. Their responses ranged from a non-verbal gesture or sign to a verbal utterance. I then had to analysis this data and then potentially alter my practice depending on the data I received. The process needed to be prompt, to allow the action research process to continue flowing. Other forms of data were the physical resources that I created with the young people. I could analyse the stages of adaptations that had occurred before we had reached that point.

With some qualitative data, the researcher codes the participant's data and draws out themes. They will then discuss these with colleagues or return to the

participant to gain clarification and consensus on the emergent themes. In this research the analysis of the data was unable to be scrutinised by others due to the collection and analysis happening simultaneously and needing to be acted upon. To ensure integrity in my analysis, I reviewed the videos of the individual sessions and noted my interpretations and analysis of the data I was receiving from the young people. These interpretations were discussed in supervision with colleagues.

#### **5.4 Further research**

I believe that my research has made advancements in this under-researched area, but there is still more research needed. My research was designed as exploratory, for me as a practitioner to develop my understanding of using solution focussed techniques with young people with learning difficulties.

My research did not examine the efficacy of using adapted solution focussed techniques with young people with learning difficulties. Through my research I developed some adaptations in partnership with the young people I was working with. These adaptations may or may not be suitable for other young people with learning difficulties. Willner (2005) highlights the lack of evidence in reporting outcomes of psychotherapeutic interventions with individuals with learning difficulties. Psychotherapeutic interventions are commonly used by many different professionals to support neurotypical individuals with a range of different situations. It is in sharp contrast to the limited research conducted in this area but with individuals with learning difficulties. Future practitioners/researchers could focus on developing their professional practice and knowledge as well as ensuring what they are delivering is effective and meets the outcomes that it is designed to.

## 5.5 Implications for practice

This research has created implications for different groups of people. Firstly, there are implications for myself as a practitioner and future EP. Secondly, implications for practising EPs and their ways of working. Thirdly there are implications for the young people I worked with and their peers.

### 5.5.1 Implications for my practice

Having followed the process of action research I am now more attuned to what my 'living theories' are. I am aware that throughout my daily practice I have begun working in a more reflective manner and thinking about my living theories. McNiff and Whitehead demystify the concept of what a theory is,

*"A theory is a set of ideas about what we claim to know and how we have come to know them" (2011, p23)*

The living theories that I developed during the research process will continue to develop as I work with more young people with learning difficulties. I see this as an area that can be continually improved on, to allow a greater accessibility to the therapeutic approach of solution focussed work.

I am the only member of my EPS team with access to some of the resources used throughout the research, for example specific computer software. I feel it is my role to share my knowledge with others and support them if they are expected to work therapeutically with children and young people with learning difficulties.

McAteer sums up the influence action research has on the researcher which resonates positively with me;

*"While its [action research] purpose is stated as the improvement of professional practice, there is often an associated, more enriching, profound and positive effect on people's professional lives." (p151, 2013)*

I believe my professional practice has benefitted greatly by my having undertaken this research.

### **5.5.2 Implications for Educational Psychologists**

The typical role of an EP involves talking with individuals. The skill of an EP comes from asking specific questions which allows the other person to view their situation in a different way. This research has shown the need for the use of visual aids and physical resources to enable young people with learning difficulties the same opportunities.

From this research I found that simplifying the terminology of the solution focussed techniques enabled the young people to access them. I changed 'resource activation' to 'things I am good at'. Using visual aids during this activity helped the young person to think about different skills they may have and gave suggestions to the young people if they were struggling to think of any personal strengths. Having their strengths visually represented encouraged the young people to think of more and enabled them to appreciate all of their strengths. During the scaling activity, I found an adaptation that was helpful to the young people was a visual representation of the scale as a horizontal line. This allowed the young person to be able to point to where they thought they were on the scale. I found that numerical representation was not necessary and another adaptation I used was having smiley faces to indicate different positions on the scale. With the miracle question I found that phrasing the question as a wish using a known cartoon character enabled the young person to understand the concept of a wish. I modelled my wish first which also gave the young person suggestions. To help the young people access the preferred future technique, I used visual aids to depict the process of aging to help them understand the concept of time. I also found that by thinking in terms of skills the young person wants to do in the future that they cannot do now, gave them a future to aim for.

By increasing the accessibility of the proposed intervention or method of working EPs can work with and support a wider number of children and young people. As Roeden et al (2011) highlight, many individuals with learning difficulties have coexisting mental health difficulties too. It is often that these mental health

difficulties are not appropriately addressed and supported due to the learning difficulties taking precedence. EPs are ideally positioned to be able to offer this lacking support to these individuals. If EPs to be able to successfully and appropriately work with children and young people with learning difficulties in a therapeutic and supportive way, then they will need to make adjustments to their usual ways of working. This is where the knowledge that I have gained from this research may be useful to them.

Another implication for EPs that this research highlights is the importance of being a reflective practitioner. EPs need to ensure they continually examine and evaluate their practice and strive to improve the quality of their work. Practice-based evidence can provide a framework to formally evaluate what has been done and can indicate areas for improvement. Geiger, Freedman and Johnston (2015), EPs within a local authority, chose action research as their method of exploration because it allowed them to use evidence based research to develop new systems. The methodology fitted well with the need to review traditional working methods and gave space to create new ways of working. If EPs do not reflect on their previous professional practice, then there is a risk of them delivering poor quality work without any new ideas or innovative ways of working being developed.

Through action research the practitioner evaluates their practice and the methods that they use. Lewin (1946) viewed action research as a way of learning about organisations through trying to change them. Action research often has an evaluative element to it (Mertons, 2005). Through action research the researcher can justify claims to knowledge by producing authenticated evidence (McNiff & Whitehead, 2011). The researcher decides to challenge the current ways of working by exploring and valuating changes in practice and becomes involved in debates about professional practice. Action researchers use previous theories to develop an influence their learning which ultimately will improve practice.

McNiff and Whitehead highlight the notion of action research being a 'new scholarship' (p74, 2011). This scholarship is a systematic, high-level study of

professional practice. The findings of which, contributes to the ever growing evidence base. Practice-based evidence supports on-going discussions amongst practitioners about theories and professional practice. Action research is an important tool for practitioners to engage in practice-based evidence and develop theories based on new scholarships.

### **5.5.3 Implications for children and young people**

Roeden et al state,

*“practice-based research primarily revolves around the question, ‘what works for this specific client in this specific situation, at this moment?’ (2009, p258).*

Although there is some truth to this statement, we cannot deny the benefits that are made through practice based research.

The young people were selected due to their attendance at a specialist educational provision. Although the participants were not selected as a representative sample, the lessons that were learnt and the living theories created will be able to be applied to future practice. De Shazer (1985) explains the creativity of the solution does not depend on the practitioner or on the client individually, but rather the creativity comes from the relationship between the two. The ways of working with the young people and the different adaptations that were made will be able to influence my future practice with young people with learning difficulties.

Gersch (2001) states there are strong arguments for encouraging children to shape and critique interventions and decisions involving them through giving their views. So often children are asked if they like or dislike an event or experience without being asked their opinion on how to change the situation. The young people I worked with were able to give their critical opinions on the different adaptations and on the whole research process. From this experience hopefully they will feel empowered to be able to give their opinion in other situations. Those supporting the young people need to ensure appropriate

communication methods and support are supplied to enable the young person the opportunity to give their opinion.

It is hoped that from this research in the future, more children and young people with learning difficulties will be able to access appropriate psychotherapeutic support. This support is lacking at the moment due to a range of variables but most notably the limited evidence of how adapted therapeutic interventions can be used by practitioners with these children and young people.

## **5.6 Feedback to stakeholders**

Although this research was largely aimed at developing my own knowledge and skills in using solution focussed techniques with young people with learning difficulties, there were key stakeholders who benefitted from my research.

### **5.6.1 The young people and the school**

The young people I worked with were stakeholders due to their participation and contribution to the development of the research process and they were consulted on their opinion of the different techniques and adaptations. They took part in the sessions and gained knowledge and support through the solution focussed techniques.

After the final session I returned to the school and met with each of them individually for a debrief of the research. I gave each of them a thankyou letter (Appendix J) which was read to them. They had the opportunity to ask any questions.

From the different sessions we had and the resources that were created, I collated an individual poster for each of the young people. Figure 5.2 shows Oscar's poster which includes his views and information gained from the individual sessions. The posters were presented on A3 size paper but have been



reduced in size to be included in this write-up. See Appendix K-S for more examples of the young people's posters.



When I am 25 years old....



- I would like to learn how much things cost
- I would like to live on my own in a flat in Loughton
- I would like to go to the pub and have a drink with my Dad and brother
- I would like to have a job in a proper kitchen, in a restaurant in London. I would wash and prepare the food and I would cook beef lasagne, salad and wedges
- I would like have a car and my driving licence

# OSCAR



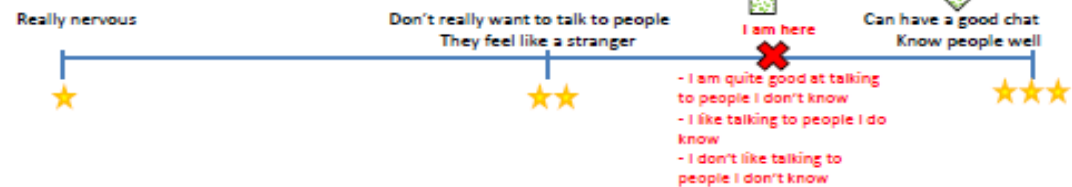
## My Perfect Day

- ❖ Frosties for breakfast
- ❖ Go to school and have only Maths and English lessons
- ❖ Take my dog for a walk on my own in the forest
- ❖ Have chicken korma and rice for dinner and cheesecake for pudding



## Scaling

### Talking with people I don't know



### Tennis

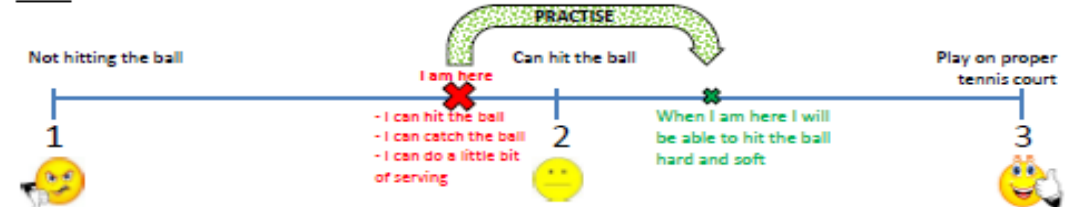


Figure 5.2 –Oscar's poster

The school that the young people attended was a stakeholder and I wanted to be able to share the results with them. After I had conducted the individual sessions with the young people, I created an individual poster for each of the young people to have (Figure 5.2 & Appendix K-S). Permission was gained from the young people themselves and each of their parents (Appendix I) to share this information with relevant professionals, including school staff and educational psychologists.

The head teacher was grateful for this information and found it to be very useful. She made reference to the information feeding in to different review meetings. She said it would also be useful to share the information with class teachers who may be able to plan specific lessons regarding the young people's future aspirations and giving them the support that they may need.

The head teacher was positive about my intervention. She spoke about the limited access her students receive to therapeutic interventions and was pleased that they were able to participate with and give their opinions on this particular intervention. There is scope that other pupils within the school receive solution focussed interventions to support them with their particular needs.

### **5.6.2 Local authority**

I fed back informally to the Educational Psychologists linked to the school about the work that was done. Due to the new legislation, all young people with a current Statement of SEN, will be reassessed and will then be supported through an Education, Health and Care plan. This reassessment is to be conducted in a person-centred way following the legal guidance. The sessions that I delivered with the young people were person-centred as they focussed on the views and wishes of the young people and they led the sessions. I conducted the sessions in a way that ensured the young people were able to co-operate with the development of the new adaptations and share their views.

The individual posters were shared with colleagues tasked to undertake the reassessments for these young people. This enabled the young person's voice to be heard within a statutory meeting which they may not attend.

There are plans to feedback to a wider audience of EPs and to share the knowledge that I have gained and some of the resources that were created within the sessions and that were found to be useful.

## **5.7 Reflections**

Throughout this research reflexivity has been crucial. I kept a reflective log which helped me to expand my understanding of the research area and of my own learning.

### **5.7.1 Reflections on different roles adopted**

My role as an action researcher was to develop my practice and in turn aim to develop the practices of colleagues. Freebody (2003) stated that action research is a conscious and planned examination of changing practice. The main change I aimed to produce was my personal practice, though there was the intention to share this knowledge with others in the hope that they may make changes to their practice too.

Within this research I took on different roles of researcher, practitioner and trainee educational psychologist. The school positioned me as a member of the EPS and as one of the many outside agencies which regularly visit the school. Within the EPS, I was viewed as a member of the team. As a practitioner I wanted to use my prior experience working within specialist educational provisions to enable young people with learning difficulties the opportunity to access a therapeutic technique. I was aware of the efficacy of solution-focussed therapy and I believed it could be beneficial to this population. Therefore I strove to develop accessible adaptations to the original solution focussed techniques and to gain the view of the young

people as to whether they found it to be beneficial to them. The young people I worked with viewed me as a trustworthy adult and they felt comfortable to share their views. They were patient with me as I tried different methods to help them understand the concept I was trying to portray and they were willing to participate with different activities and tasks.

### **5.7.2 Reflections on the research journey**

This was my first action research piece of work. Although I believed myself to be a reflective practitioner, on reflection I have developed a greater understanding of the importance of reviewing what I am doing by questioning myself and constantly trying to improve my practice. At the beginning of this research journey I was not sure what I was going to achieve or even if it was possible. Having read previous research saying that individuals with learning difficulties cannot access solution focussed techniques, I was unsure what I would find. My determination came from wanting to try to create accessible adaptations of this therapeutic technique.

From previous roles, I have experience working with children and young people with varied cognitive abilities. I knew how to adapt concrete academic tasks such as counting or letters. I wanted to test my own psychological knowledge of solution focussed therapy to be able to adapt it to increase its accessibility to a wider range of young people.

Having completed the research, I feel a sense of pride that what has been created with the young people is very informative, beneficial and unique. From the lessons that I learnt, the knowledge I have gained and the adaptations that were created, I have hopefully, increased my proficiency in this area as well as the number of young people with learning difficulties who may have access to this therapeutic type of support. I also gained a great insight into the young people's lives and what their future aspirations are. Hopefully this information will be used appropriately to support the young people in the future.

The skills I have acquired and developed as an action researcher has made me more conscientious to improve my practice and to ensure the children and young people I am working with can be part of the improvements by giving suggestions and voicing their opinions. I believe that I will continue to use this way of working within my future practice. Through completing this research I have developed my professional practice, and am aware of the need for continuing professional development.

During this research journey I have grown in confidence when faced with methodological decisions. I feel I can now begin to make informed decisions and be able to justify the reasons why that decision was made. I believe within educational psychology practice, there is a strong need for practice-based evidence along with the more traditional evidence-based practice. The use of both forms of practice ensure there is both new and innovative ways of working being developed as well as delivering effective and efficient methods.

## **5.8 Conclusions**

This action research explored how solution focussed techniques could be adapted for use with young people with learning difficulties. It identified different adaptations and resources that were beneficial and some that were not. It highlighted that with the appropriate support young people with severe learning difficulties can access certain solution focussed techniques.

There were four stages of data collection through individual sessions and as an action researcher I constantly examined my practice to improve my ways of working and increase the understanding of the young people.

The young people who participated in this research were viewed as consultants and their views and responses were acknowledged and responded to throughout the process. Ultimately this research has highlighted their feelings of engaging with this approach, which many of them said they found helpful and reported it was a positive experience.

The research question that was posed in chapter one related to my skills as a practitioner; *How can I use solution focussed techniques with children with learning difficulties?*

Having now completed this piece of research and having the time and space to reflect upon my practice and develop it further I believe I may have created an area of specialism for myself and that I am confident to use solution focussed approaches with young people with learning difficulties in the future. Through sharing my knowledge I hope colleagues will feel skilled up to be able to deliver therapeutic support to young people with learning difficulties who previously have not benefitted from this type of support.

Specific adaptations found to be useful:

- Having a variety of communication methods available to the young people
- Creating a visual linear scale for the scaling activity
- Replacing a numerical scale with smiley face representations
- Allowing the young people additional time to process and respond and to work at their pace
- Visual aids to make abstract ideas more concrete
- An individualised timeline to aid in understanding about future possibilities

This research has contributed to the knowledge of:

- My professional practice as an educational psychologist
- The importance of creating new ways of working and adaptations in conjunction with the young people they are intended for
- The confirmation that solution focussed approaches can be used with young people with learning difficulties
- The notion that solution focussed approaches can be beneficial and helpful to young people with learning difficulties
- More work needing to be done in the area of increasing accessibility to therapeutic support for young people with learning difficulties

- How EPs and specialist educational provisions can work closely together to ensure young people with learning difficulties are supported for their mental health needs as well as their academic needs

I undertook this action research due to a desire I had to understand my practice; to question and critique it with the overall aim of improving it (McAteer, 2013, p151). The significance of this research is through improving my practice in an identifiable way which was achieved through generating and testing my living theories (McNiff and Whitehead). My living theories will continue to grow and develop through my professional practice. McNiff and Whitehead summarise action research by saying,

*“Never believe that your knowledge is complete or there is no more to learn.”* (2011, p256).



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## Appendices

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*Appendix A – UEL ethical approval*

<b>CHECKLIST (Professional Doctorates)</b>
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**SUPERVISOR:** Miles Thomas

**ASSESSOR:** David Kaposi

**STUDENT:** Laura Barton

**DATE (sent to assessor):** 13/02/2014

**Proposed research topic:** Action research exploring the development of solution focussed techniques for children with learning difficulties

**Course:** Professional Doctorate in Educational and Child Psychology

- |  |      |
|--|------|
| 1. Will free and informed consent of participants be obtained?   | yes  |
| 2. If there is any deception is it justified?  | N/A  |
| 3. Will information obtained remain confidential?  | YES  |
| 4. Will participants be made aware of their right to withdraw at any time?   | YES  |
| 5. Will participants be adequately debriefed?  | YES  |
| 6. If this study involves observation does it respect participants' privacy?   | NA   |
| 7. If the proposal involves participants whose free and informed consent may be in question (e.g. for reasons of age, mental or emotional incapacity), are they treated ethically? | NA   |
| 8. Is procedure that might cause distress to participants ethical?   | NA   |
| 9. If there are inducements to take part in the project is this ethical?   | NA   |
| 10. If there are any other ethical issues involved, are they a problem?  | / NA |

**APPROVED**

YES		
-----	--	--

**MINOR CONDITIONS:**

**REASONS FOR NON APPROVAL:**

Assessor initials: dk Date: 18/02/2014

## RESEARCHER RISK ASSESSMENT CHECKLIST (BSc/MSc/MA)

**SUPERVISOR:** Miles Thomas

**ASSESSOR:** David Kaposi

**STUDENT:** Laura Barton

**DATE (sent to assessor):** 13/02/2014

**Proposed research topic:** Action research exploring the development of solution focussed techniques for children with learning difficulties

**Course:** Professional Doctorate in Educational and Child Psychology

Would the proposed project expose the researcher to any of the following kinds of hazard?

- |    |  |    |
|----|--|----|
| 1  | Emotional                              | NO |
| 2. | Physical                               | NO |
| 3. | Other<br>(e.g. health & safety issues) | NO |

If you've answered YES to any of the above please estimate the chance of the researcher being harmed as: HIGH / MED / LOW

### APPROVED

YES		
-----	--	--

### MINOR CONDITIONS:

### REASONS FOR NON APPROVAL:

Assessor initials: **dk** Date: 18/02/2014

For the attention of the assessor: Please return the completed checklists by e-mail to [ethics.applications@uel.ac.uk](mailto:ethics.applications@uel.ac.uk) within 1 week.

## SCHOOL OF PSYCHOLOGY

Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.

**UEL**  
University of  
East London  
[www.uel.ac.uk](http://www.uel.ac.uk)

### School of Psychology Professional Doctorate Programmes

To Whom It May Concern:

This is to confirm that the Professional Doctorate candidate named in the attached ethics approval is conducting research as part of the requirements of the Professional Doctorate programme on which he/she is enrolled.

The Research Ethics Committee of the School of Psychology, University of East London, has approved this candidate's research ethics application and he/she is therefore covered by the University's indemnity insurance policy while conducting the research. This policy should normally cover for any untoward event. The University does not offer 'no fault' cover, so in the event of an untoward occurrence leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the candidate is a student of the University of East London, the University will act as the sponsor of his/her research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,



Dr. Mark Finn

Chair of the School of Psychology Ethics Sub-Committee

Stratford Campus, Water Lane, Stratford, London E15 4LZ  
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e-mail: [mno.davies@uel.ac.uk](mailto:mno.davies@uel.ac.uk) web: [www.uel.ac.uk/psychology](http://www.uel.ac.uk/psychology)



The University of East London has campuses at London Docklands and Stratford  
If you have any special access or communication requirements for your visit, please let us know. MINICOM 020 8223 2853



*Appendix B – Summary of the literature review process*

<b>Search date</b>	28/08/2014
<b>Databases</b>	Education Research Complete PsylInfo
<b>Search limitations</b>	Peer reviewed
<b>Primary search terms</b>	“Special Educational Needs” OR “Learning Disabilities” OR “Developmental Delay” OR “Intellectual Disabilities”
<b>Secondary search term</b>	“Solution Focussed” OR “Solution Focussed Brief Therapy” OR “Solution Focussed Approach”
<b>Number of results</b>	N = 35
<b>Exclusion criteria</b>	Items pre-dating the year 2000 Duplication of results Use of a different therapeutic techniques, other than solution focussed therapy
<b>Articles selected</b>	Having applied the exclusion criteria and successfully obtaining the full articles N = 7  Two further articles were selected through a hand search after the systematic search using the references of the selected articles, the total number of articles used for the literature review was 9 N = 9

### Appendix C – Summary of the selected articles

Number	Date Published	Authors	Title	Country	Participants	Methodology of the study	Results and implications
1	2001	Franklin, C., Biever, J., Moore, K., Clemons, D., Scamardo, M.	The effectiveness of Solution focussed therapy with children in a school setting	USA	Number – 7  Children who had been labelled learning disabilities and had received more than 1 behavioural referral	Each student had between 5 and 10 individual sessions of solution focussed therapy.  Class teachers were given a 20 minute consultation weekly	The effectiveness of sessions was measured using the Conners Teacher Rating scale  Following the sessions there were positive changes in a range of behavioural problems
2	2012	Roeden, J., Maaskant, M., Bannink, F., Curfs, L.	Solution-focussed coaching of staff of people with severe and moderate intellectual disabilities: a case series	The Netherlands	Number – 42 Mean age – 40.4 years  Care workers who provided residential or vocational support for people with intellectual disabilities	The participants received 3 sessions of solution focussed coaching in their 13 staff teams.  Data was collected individually before the coaching started, after the last session and at a 6 week follow-up.	7/13 teams made progress toward a goal. 5/10 teams showed an increase in proactive thinking. 7/13 teams showed an increase in the quality of the relationship between staff and those they cared for
3	2008	Lloyd, H., Dallos, R.	First session solution-focussed brief therapy with families who have a child with severe intellectual disabilities: mothers' experiences and views	UK	Number – 7  Mothers of a child with significant intellectual disability	The mothers and their families took part in a single solution focussed brief therapy session.  Two weeks later, participants were invited to be interviewed to share their views, only mothers responded.	Using IPA the researchers list 3 subordinate themes -SFBT brought to mind the idea of 'making the best of it' -examination of wishful thinking -the therapeutic relationship. The miracle question was seen as irrelevant
4	2011	Roeden, J., Maaskant, M., Bannink, F., Curfs, L.	Solution-focussed Brief Therapy with people with mild intellectual disabilities: a case series	The Netherlands	Number – 10 Mean age – 39 years  Adults with mild intellectual disability as determined by	Each participant received 5 SFBT sessions over 12 weeks  Data was collected before the SFBT started, after the last session and at a 6 week follow-	IDQOL-16 was used to measure the quality of life which showed an increase in 7/10 participants. Maladaptive behaviour was measured and found to decrease according to staff.

					cognitive assessments. All had been referred by their staff carers.	up.	7/10 participants spoke of progress towards goal attainment Carers reported progress towards goal attainment for 7/10 participants SFBT is valuable for those with mild intellectual disabilities
5	2001	Stoddart, K., McDonnell, J., Temple, V., Mustata, A.	Is brief better? A modified brief solution-focussed therapy approach for adults with a developmental delay	Canada	Number – 16  Adults who were classified within the mild or borderline range of cognitive delay	The participants received a modified brief solution-focussed approach. Participants and caregivers completed a satisfaction survey 6 months after the intervention	The modified approach was more successful for those who were higher functioning, self-referred and were supported in the therapeutic process by others.
6	2005	Smith, I.	Solution-focussed brief therapy with people with learning disabilities: a case study	UK	Number – 1  A 45 year old male with mild learning disabilities	5 Individual sessions over a period of 11 months following a solution-focussed therapeutic intervention	The participant did not initiate any incidents of physical aggression after the first session. The participant was supported to assert control over their behaviour
7	2002	Corcoran, J.	Developmental adaptations of solution-focussed family therapy	USA	n/a	Literature review focussing on different adaptations that practitioners have used with solution focussed family therapy	Adapting solution focussed techniques allows it to be used with children of a wide range of developmental stages
8	2009	Roeden, J., Bannink, F., Maaskant, M., Curfs, L.	Solution-focussed brief therapy with persons with intellectual disabilities	The Netherlands	n/a	Literature review focussing on the adaptations made using solution focussed therapy with adults with intellectual disabilities	There is very little research, most research is practice based rather than evidence based
9	2006	Smith, I.	Ideas for solution based working with people who have intellectual disabilities	UK	n/a	A discussion of suggestions and top-tips that the author has used when working with people who have intellectual disabilities	Evidence from author's own practice that has been successful

## *Appendix D – Head teacher information letter*

Educational Psychology Service

26.03.2014

Dear [REDACTED],

My name is Laura Barton and I am currently in the second year of my professional doctorate, training to be an Educational Psychologist through the University of East London. For my research thesis I am hoping to conduct a piece of action research into using solution focussed therapeutic approaches with children with learning difficulties. I am writing to ask you if I could work with pupils within your school as part of my research project. I have previously worked within a specialist provision in [REDACTED] similar to [REDACTED] and have experience of using alternative communication aids and interacting with pupils with a wide range of needs. The rationale behind my research is that I would like to use my previous experience to enable pupils to access some of the different therapeutic techniques that Educational Psychologists use in their work.

### **Purpose of the research**

From this piece of research it is hoped that a greater understanding of the pupil's views and ability to access therapeutic techniques will be gained. The pupils who participate will have access to shaping their own therapeutic sessions so that they are accessible to them. It is hoped that from this research, other professionals may be able to implement the ways of working that have been developed collaboratively with the pupils and myself.

### **Ethical approval**

As part of the process, the research proposal detailing what I intend to do and how I will hope to achieve it has been submitted to the Ethics Committee through the University of East London and the proposed research has been granted ethical approval.

### **Requested school involvement**

In order for your pupils to benefit from the research, I would like to request that you/staff:

- Aid in the selection of 12-15 pupils who are over 8 years old and be working at level P4 or above.
- Allow me to observe in class and then work individually with these pupils over several weeks (on Thursdays and Fridays over the Spring and Summer terms) at school for periods of an hour with each pupil. I am unsure as to the exact number of sessions that will be needed at present, but can clarify this with you in due course.
- Make a room available for me to work with the pupils individually where we will not be disturbed.

- Liaise with parents to help obtain written consent for my involvement (I will provide the relevant information and letter for this),

Staff from your school would not be directly involved in the research, though informal conversations may be had to gain a greater understanding of the pupils.

### **Format of individual work with pupils**

During my individual work with pupils, I will be trialling different solution focused therapy resources and techniques and gaining feedback from the pupils about using these.

The conversational themes may be around a future transition, or something that they would like to change.

The sessions will be confidential, though will follow child protection procedures. With the pupil's agreement a short feedback may be shared with school and parents at the end of the research project.

### **Consent and confidentiality**

Specific informed consent will be gained from the parents and the pupils themselves before they participate in the research.

The sessions will be videoed to allow analysis later. The videos will be stored in accordance with the Data Protection Act 1998, in a secure location and will be digitally encrypted. Any data that is collected will only be used for the purpose of this study and will be destroyed appropriately after the research has been written up. I will explain to parents and pupils that the use of the video camera is only for the purpose of the research and the footage will be destroyed once notes have been taken.

During the write up of the project the school name, the geographical location of the research project and the pupils will be unidentifiable.

If you have any questions or would like to discuss the research further with me, please feel free to contact me (details below).

Yours Sincerely

Laura Barton

[Redacted signature block]



***Appendix E – Selection criteria***

Pupil selection

Is the pupil working at level P4 or above? ☐

Is the pupil 8 years old or above? ☐

Could the pupil work individually on multiple sessions with the Trainee Educational Psychologist? ☐

Pupil Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Class \_\_\_\_\_

Class teacher \_\_\_\_\_

Parental consent gained ☐

Pupil consent gained ☐

Relevant medical/behavioural information discussed with the Trainee Educational Psychologist ☐

12.06.2014

Dear Parents,

My name is Laura Barton and I am currently training to be an Educational Psychologist through the University of East London (UEL). For my research thesis I am hoping to conduct a piece of action research into using solution focussed approaches with children with learning difficulties. It is hoped that from this research, other professionals may be able to implement the ways of working that have been developed collaboratively with the pupils and myself.

### **What is a solution focussed approach?**

Solution focussed approaches are often used by professionals including educational psychologists. These techniques help the individual to think about the achievements they have made and what qualities about them helped them to achieve them. It also looks to the future and helps the individual think how they can use their set of personal qualities and skills to reach their next goal. There is a lot of research about how effective solution focussed approaches can be for children and adults in different settings and for a variety of needs.

### **Purpose of the research**

Currently educational psychologists are using solution focussed approaches with pupils and teachers in a range of schools, but there is very limited evidence of it being used within a specialist provision, such as [REDACTED]. From this piece of research it is hoped that a greater understanding of the pupil's views and ability to access this type of therapeutic technique will be gained. The pupils who participate will have access to shaping their own individual sessions so that they are accessible to them. It is anticipated that from this research, other professionals may be able to implement the ways of working that have been developed collaboratively with the pupils and myself.

### **Format of individual work with pupils**

The research project would involve me working individually with a number of pupils on numerous occasions and trialling different resources and techniques and gaining feedback from the pupils.

The possible conversational themes may be around a future transition, or something that they would like to change. The theme and content of the sessions will be led by the pupil.

The sessions will be videoed for the sole purpose to allow analysis later. The videos will be stored in accordance with the Data Protection Act 1998, in a secure location and will be digitally encrypted. Any data that is collected will only be used for the purpose of this study and will be destroyed appropriately after the research has been written up.

### **Consent and confidentiality**

The sessions will be confidential between myself and the pupil, though will follow child protection procedures. With the pupil's agreement a short feedback may be shared with school and parents at the end of the research project.

After gaining written consent from yourselves, the pupils will be asked if they would like to take part and the process will be explained to them. The children are free to withdraw their participation at anytime without the need for an explanation and this will be made clear to them.

During the write up of the project the school, the geographical location of the research project and the pupils will be unidentifiable. The pupils will be referred to as a letter or a number within the report.

### **Ethical approval**

As part of the process, the research proposal detailing what I intend to do and how I will hope to achieve it has been submitted to the Ethics Committee through the University of East London and the proposed research has been granted ethical approval.

I have previously worked within a specialist provision in [REDACTED] similar to [REDACTED] and have experience of using alternative communication aids and interacting with pupils with a wide range of needs. The rationale behind my research is that I would like to use my previous experience to enable pupils to access some of the different approaches that Educational Psychologists use in their work.

If you have any questions or would like to discuss the research further with me, please feel free to contact me or the details below.

If you feel that you would like your child to be involved in the project, please could you fill in the slip on the following page and return it to your child's class teacher / reception as soon as possible. Thank you

Yours Sincerely

Laura Barton  
[REDACTED]  
[REDACTED]

**UEL DOCTORAL RESEARCH PROJECT**

I consent to my child \_\_\_\_\_ (name) to be involved in the action research project that is being organised by Laura Barton as part of her doctoral programme at the University of East London.

I understand that my child's participation can be withdrawn at anytime without the need for explanation.


I understand that the sessions will be videotaped for the purpose of the research. I have been made aware that all data collected will be stored in accordance with the Data Protection Act (1998) and destroyed after use.










Signed \_\_\_\_\_ (parent) \_\_\_\_\_  
(date)










Please return this completed section to the **School reception**.









Thank you for your participation and support










Appendix G – Participant information letter and consent form









  
 Hello










  
 My name is Laura. I go to University in London.















  
 I would like to work with you and find out





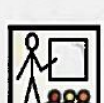










  
 about you and what you think about the future.




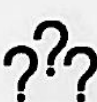








  
 You and I will work together in a room. We


















  
 will try some new activities and talk about your

  
 ideas.






  
 Our sessions together will be videoed.








  
 You can go back to your classroom if you want to.




  
 Do you have any questions?











 Would you like to take part in the sessions with



Laura?




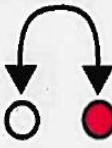






















 Draw a circle around the tick or the cross below.




  
 Yes or No

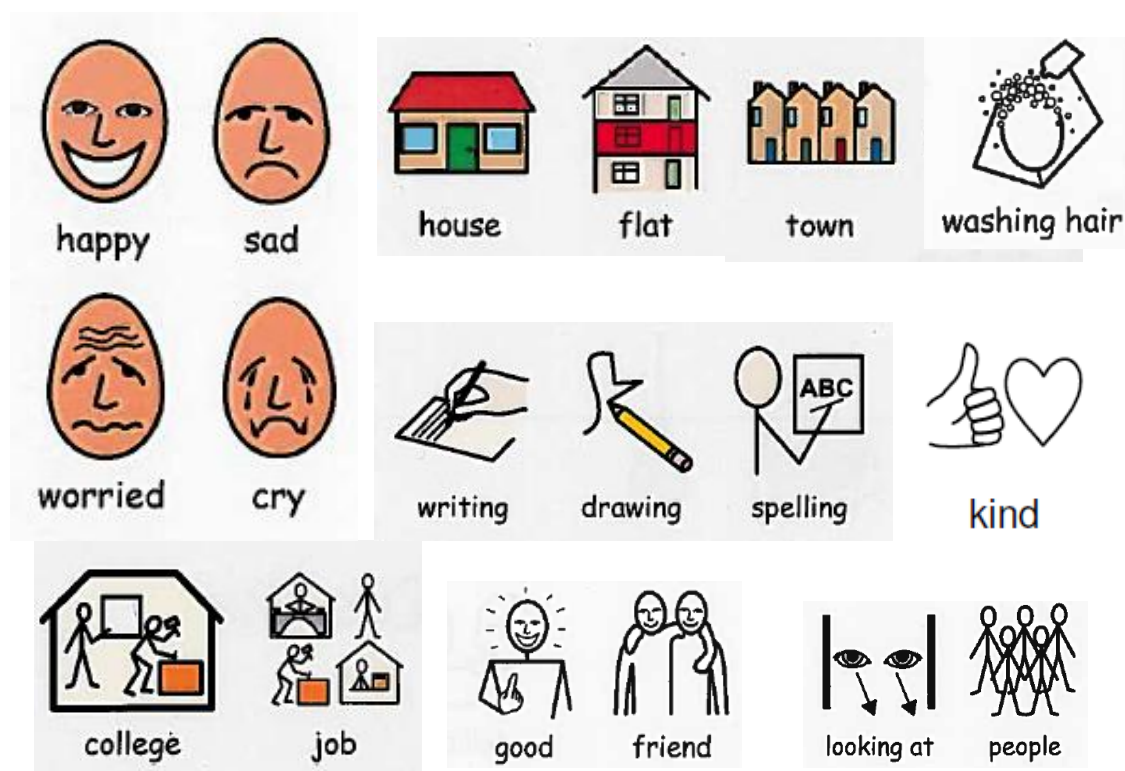
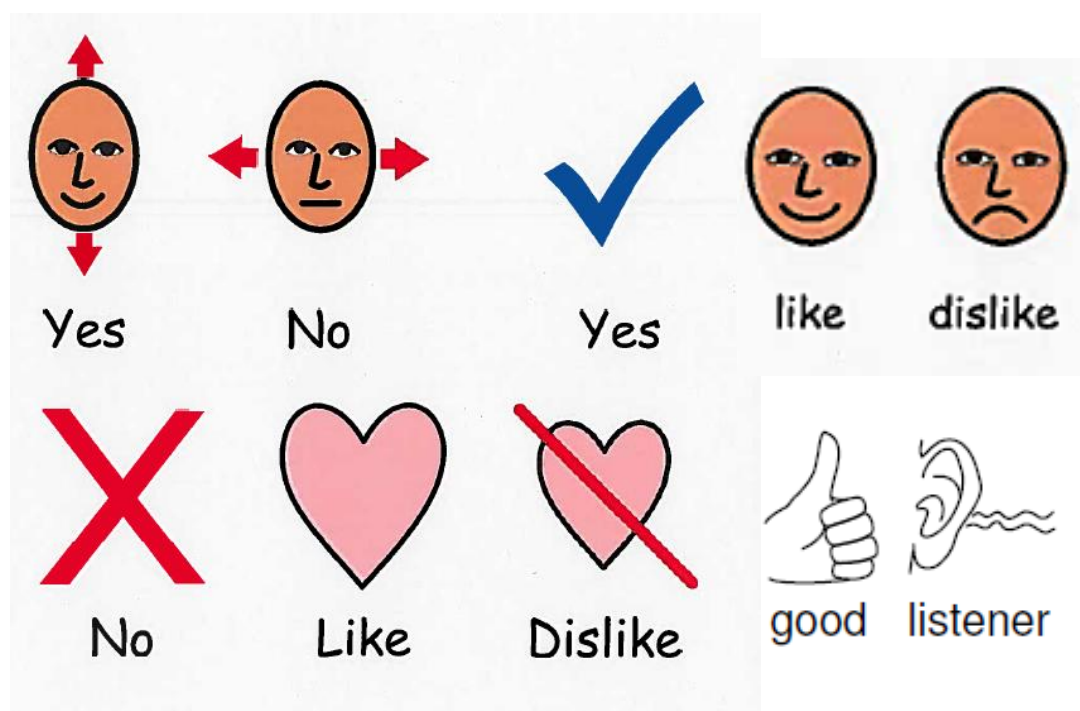








 I understand that the sessions will be videoed.




 My name is \_\_\_\_\_






 I am \_\_\_\_\_ years old

Appendix H – Example symbols used in the sessions



*Appendix I – Additional consent letter for parents*

January 2015

Dear Parents and Carers,

Firstly I would like to say thank you for consenting for your child to be involved with my research project at [REDACTED]. I have thoroughly enjoyed working with all your children and have gained valuable information about how we can support them and their peers in the future using different therapeutic approaches.

As part of the sessions I had with your child I have gained a great knowledge of their views and wishes for the future. This information will be very useful in future review meetings for your child and ensures their views are represented. I am writing to you to ask your permission if this information can be shared with relevant professionals, for example school staff, college staff, Educational Psychologists.

I will collate the information for each of your children into a personal sheet and they will receive their own copy which will be theirs to take home and keep. I have spoken with each of your children and asked if they agree to their views being shared with school staff in the future.

I am in the process of writing up my findings for my University requirements, as I stated in the consent letter all information used will be anonymous and your children will not be identifiable in the final written document.

If you have any questions please do not hesitate to contact me.

Please could you complete the slip below and return it to the school office. Thank you

Kind regards

**Laura Barton**

Trainee Educational Psychologist

---

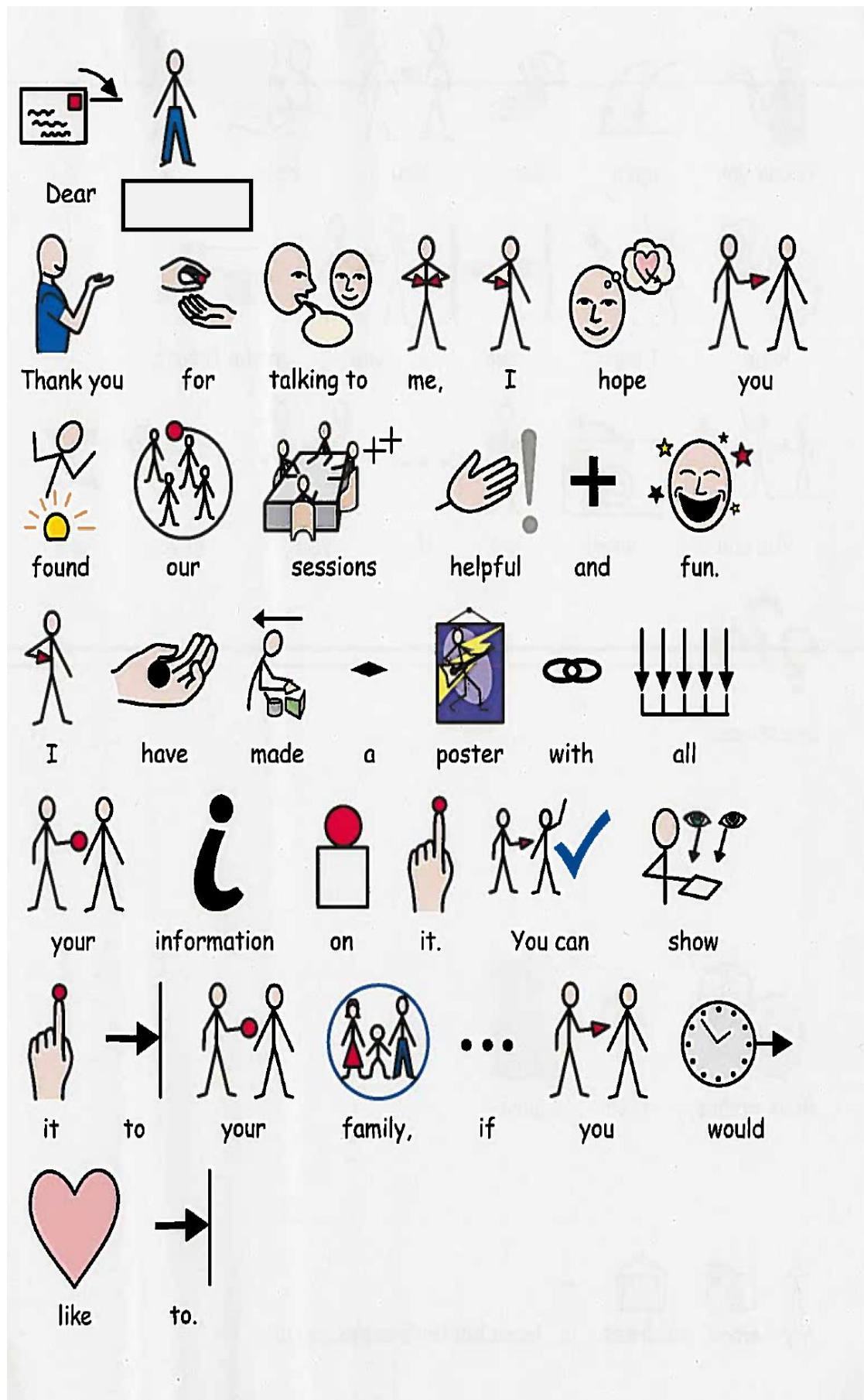
**I do / do not** (DELETE AS APPROPRIATE) give permission for the information collected during the research project with Laura Barton to be shared with relevant professionals.

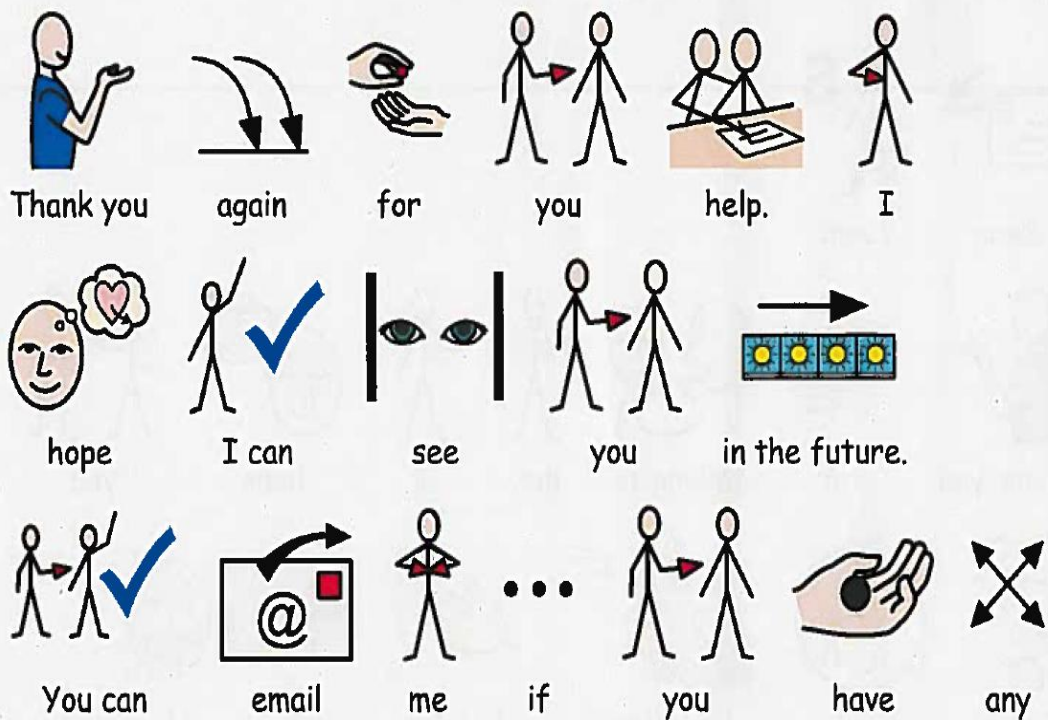
Child's Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_



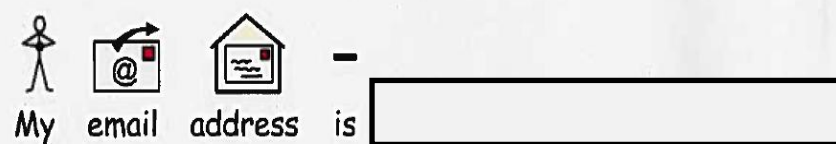
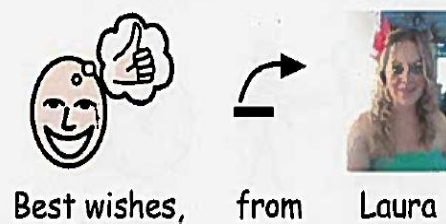
Appendix J – Thankyou letter for participants



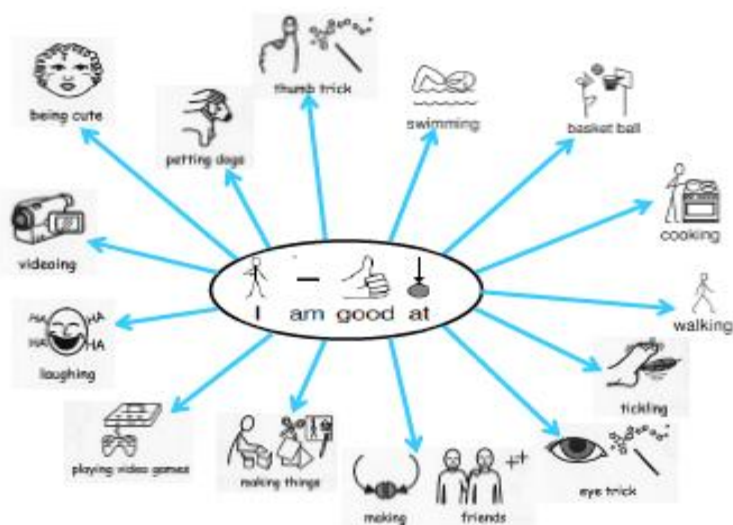


???

questions.



## Appendix K – Bertie's poster

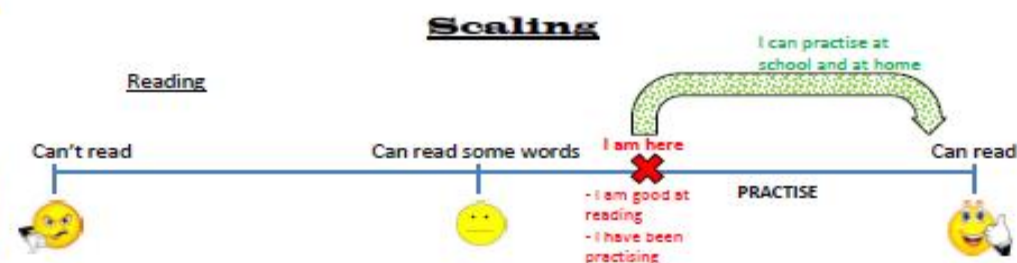


### When I am 20 years old....



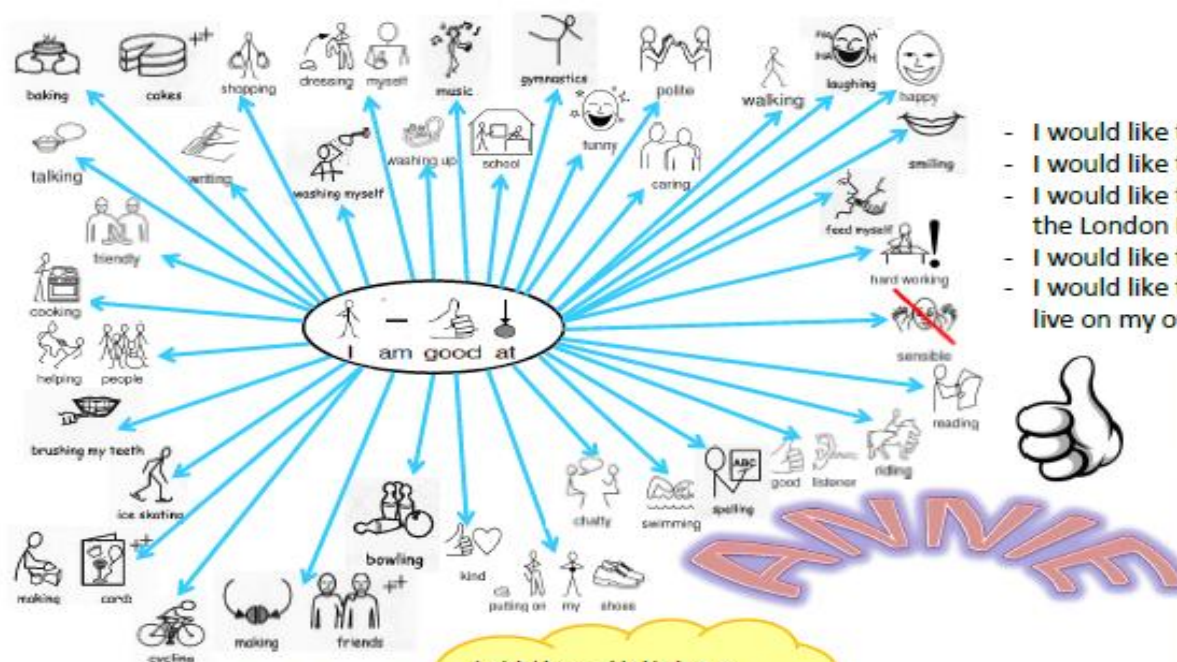
- I would like to be a vet and help all types of animals
- I would like to be a soldier to help people and to fight to save humans
- I would like to be an explorer and go looking for animals and mythical monsters
- I would like to live with my Mum and Dad
- I would like to see my friends and go to their houses

# BERTIE





## Appendix L –Annie's poster



## When I am 20 years old....



- I would like to get on the bus on my own and go to town
- I would like to work at the hospital and help people
- I would like to go out with my friends to London. We would go to the London Eye
- I would like to get better at writing and write a letter to my Mum
- I would like to stay living with my Mum, maybe in the future I will live on my own

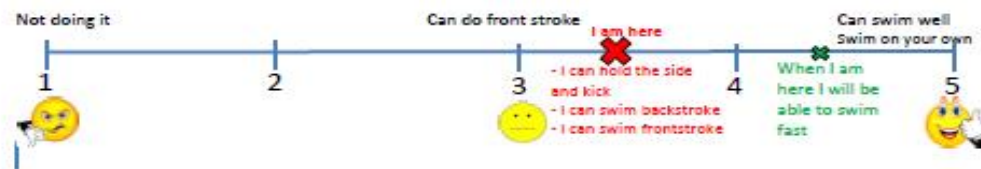


## My Perfect Day

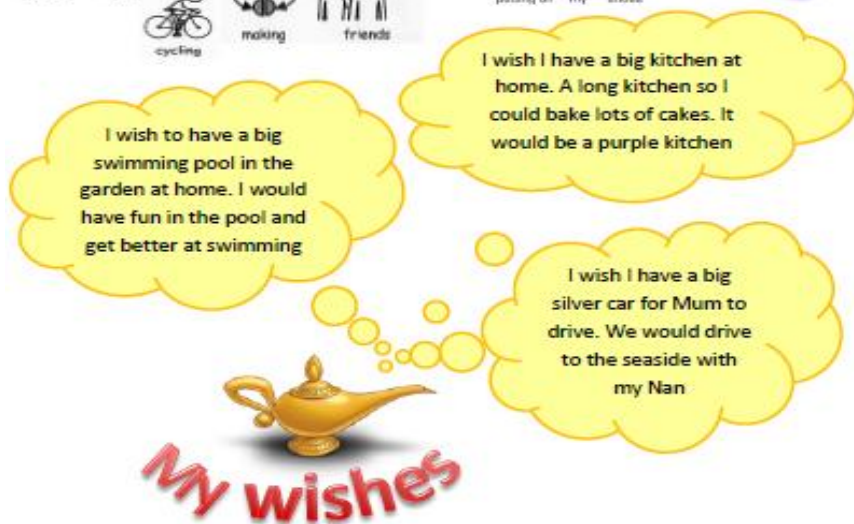
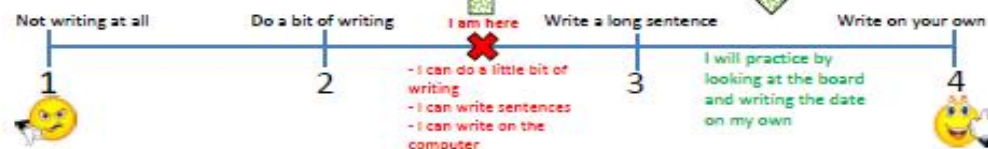
- ❖ It would be sunny
- ❖ I would have some new friends and play with them at school
- ❖ I would bake a cake for my friends
- ❖ After school I would go out with my friends to the swimming centre
- ❖ I would eat the big cake
- ❖ Then I would go home to bed

## Scaling

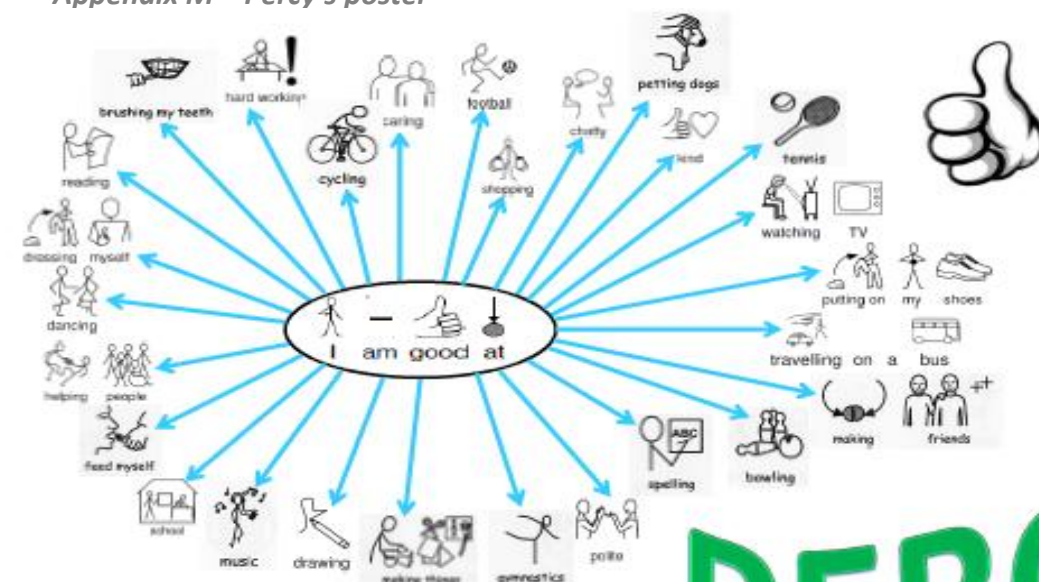
### Swimming



### Writing



Appendix M – Percy's poster



## When I am 20 years old....

- I would like to go to college and work at college
- I would like to go in a boat on the water
- I would like to put a clock up
- I would like to live with Mummy
- I would like to buy a computer
- I would like to go to the cinema
- I would like to go shopping in London
- I would like to take pictures using a camera
- I would like to work in a shop selling plants



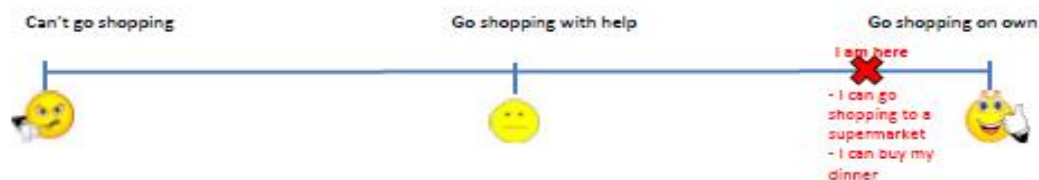
# PERCY

## My Perfect Day

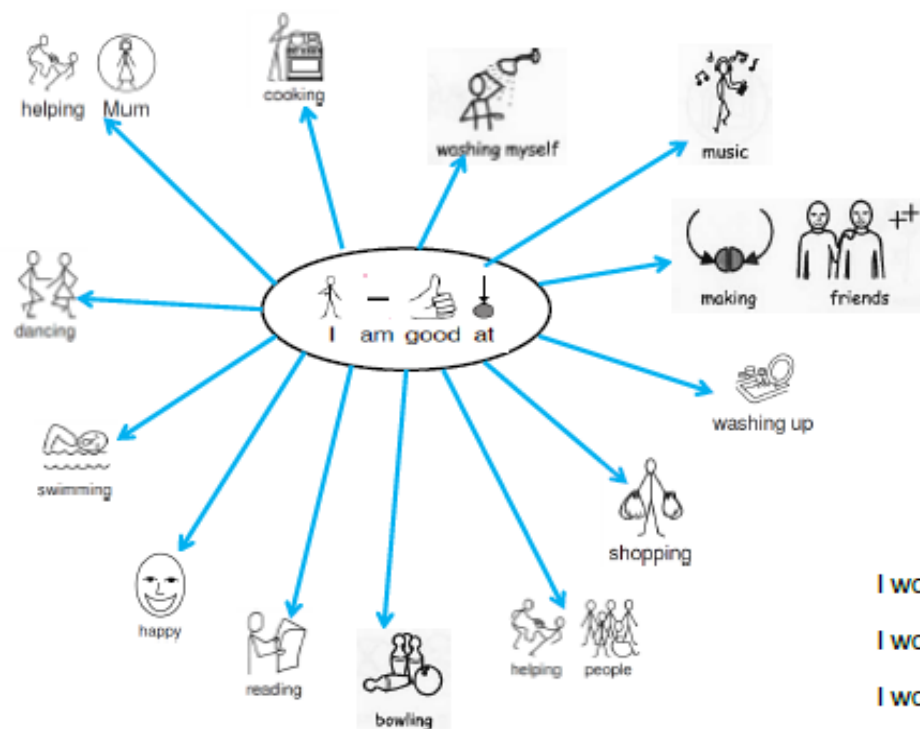
- ❖ Have toast and apple juice for breakfast
- ❖ Go in the car with Mummy
- ❖ Buy a football
- ❖ Go to the park and play on the swings
- ❖ Go out for pizza
- ❖ Go on my bike

## Scaling

### Going shopping



Appendix N – Henrietta's poster



# Henrietta

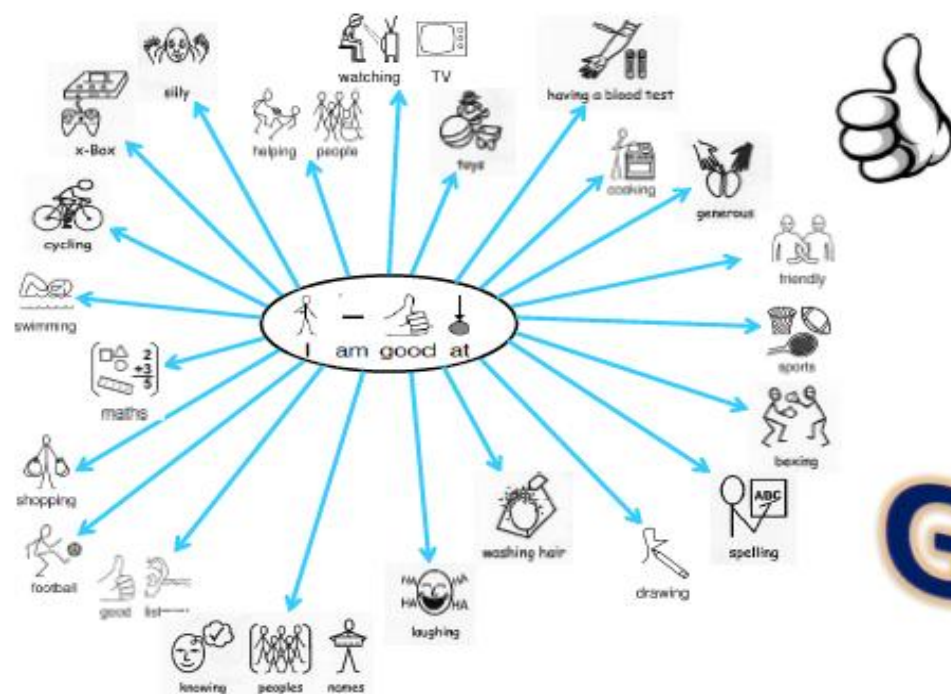
**When I am 20 years old....**

- I would like a job working with children
- I would like to go swimming
- I would like to go to the cinema
- I would like to live with my Mum
- I would like to go on holiday in a plane
- I would like to go to the seaside





## Appendix O – Gordon's poster

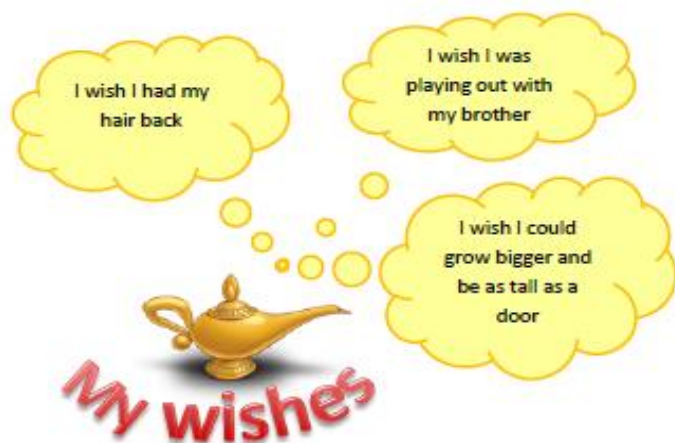


## When I am 20 years old....

- I would like to go to college and do PE
- I would like to play out with my friends
- I would like to watch a DVD in my room
- I would like to have my own house
- I would like to have a job in a shop, maybe Asda



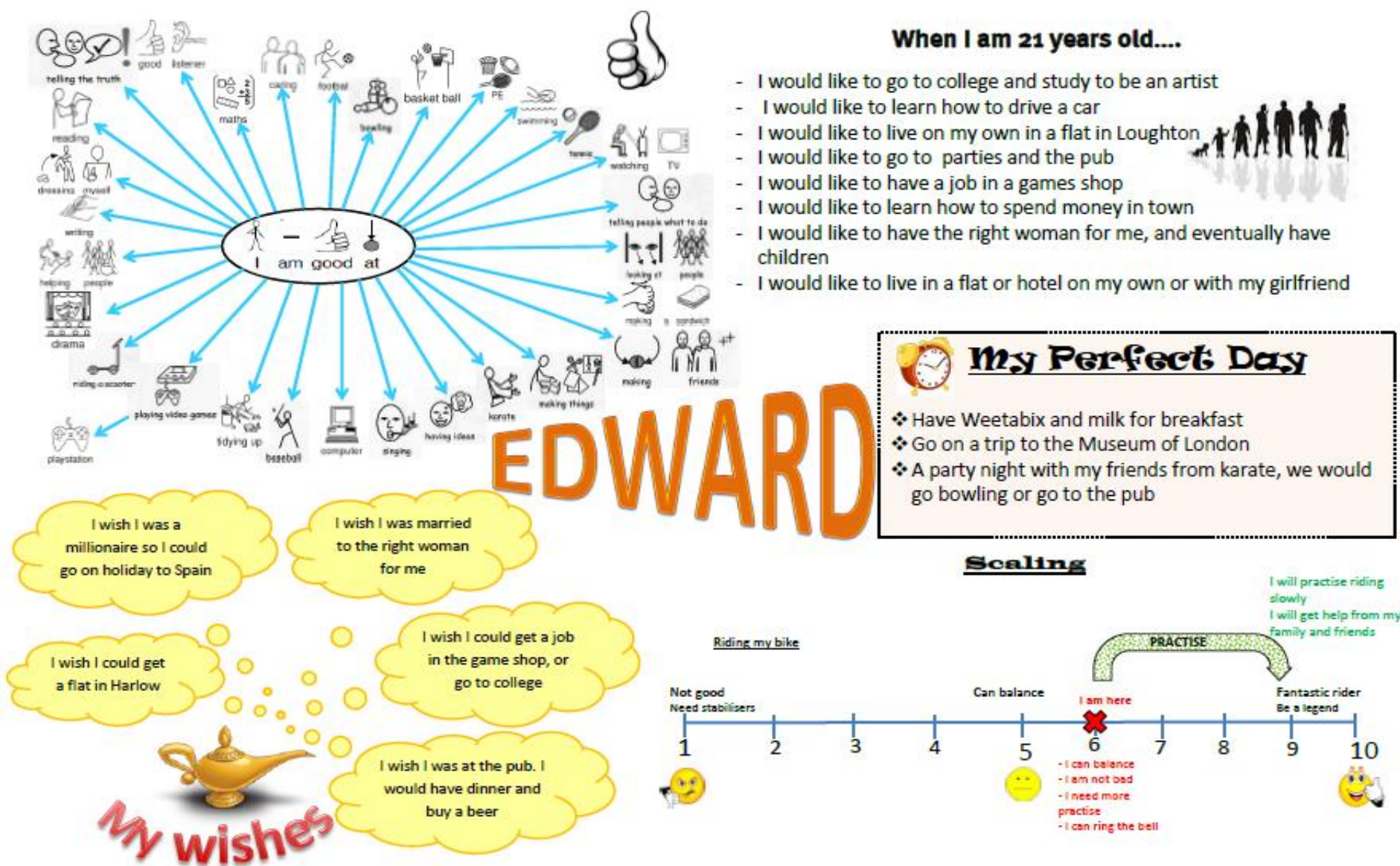
# GORDON



## Scaling

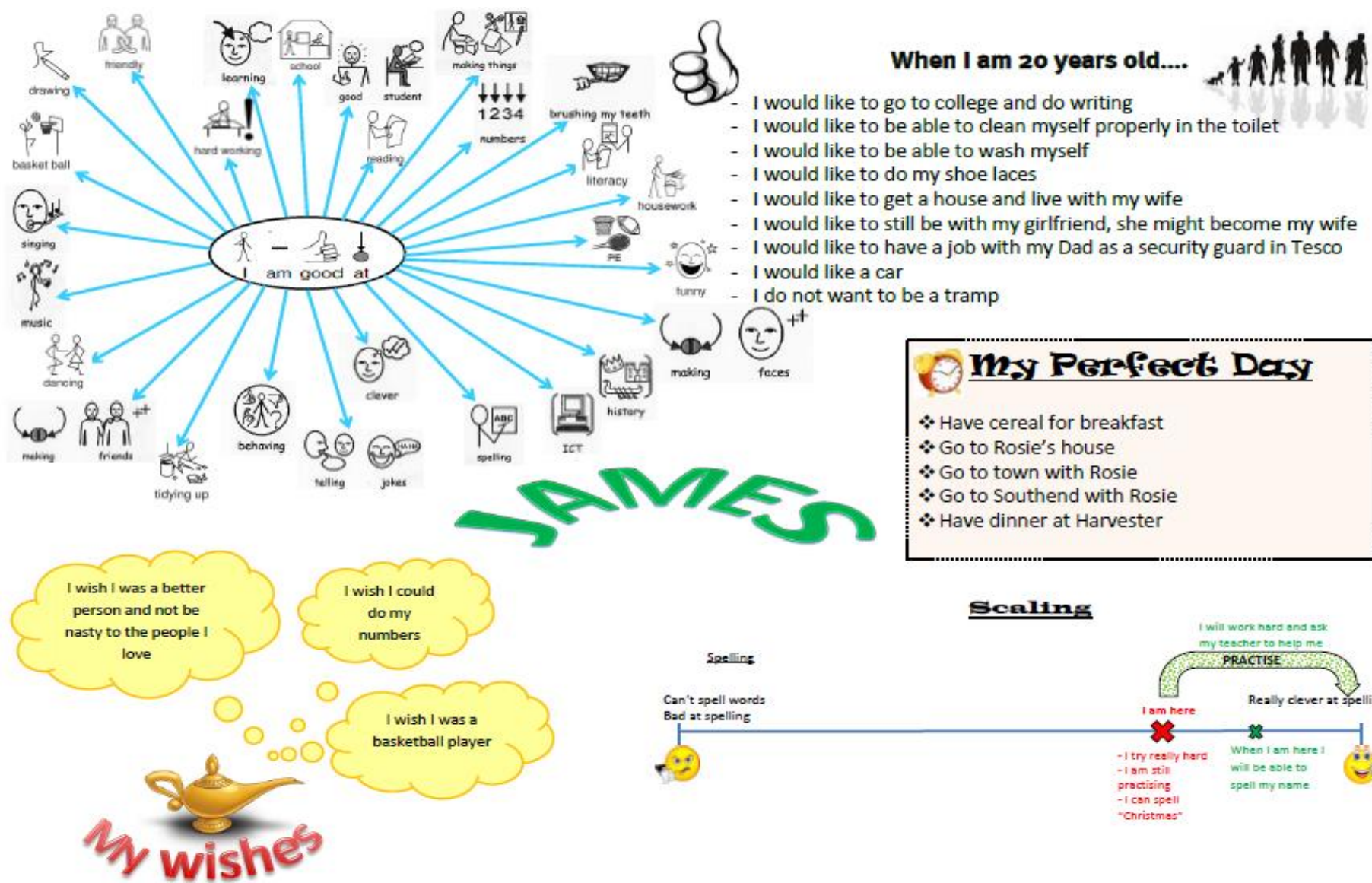


## Appendix P – Edward's poster

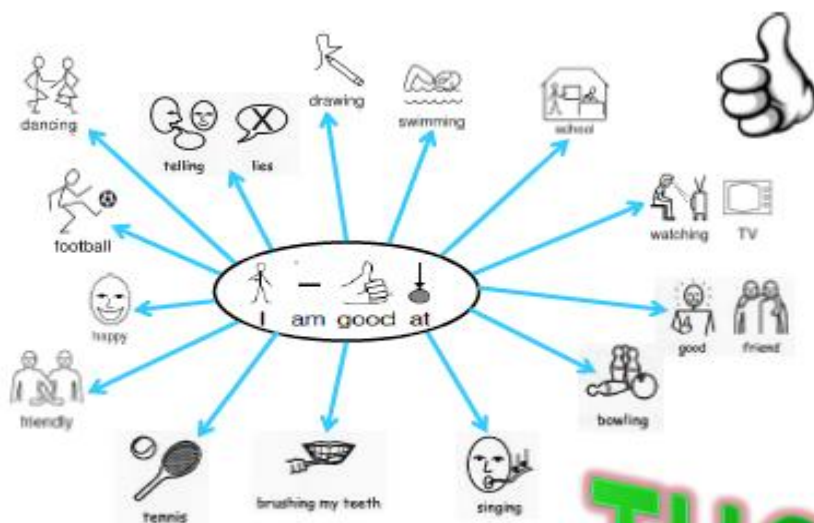




## Appendix Q – James's poster



## Appendix R – Thomas's poster



### When I am 20 years old....

- I would like to go shopping on my own
- I would like to live with my Mum and brother
- I would like to go to own a car
- I would like to have a job in a shop, putting things on the shelves
- I would like to write a story
- I would like to wash my hair



### My Perfect Day

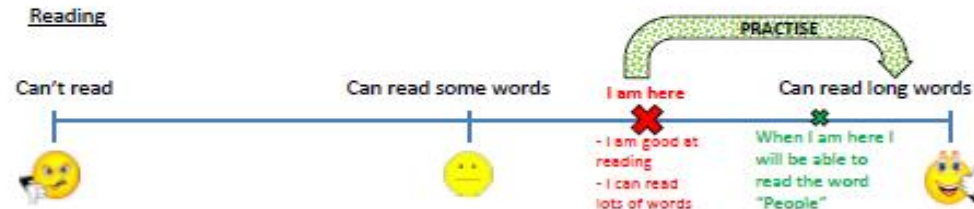
- ❖ I would be happy
- ❖ Toast and chocolate spread for breakfast
- ❖ Go to the shops with Mum
- ❖ Have lunch in a café
- ❖ Buy some new shoes
- ❖ Buy a new coat
- ❖ Have fish and chips for dinner



# THOMAS

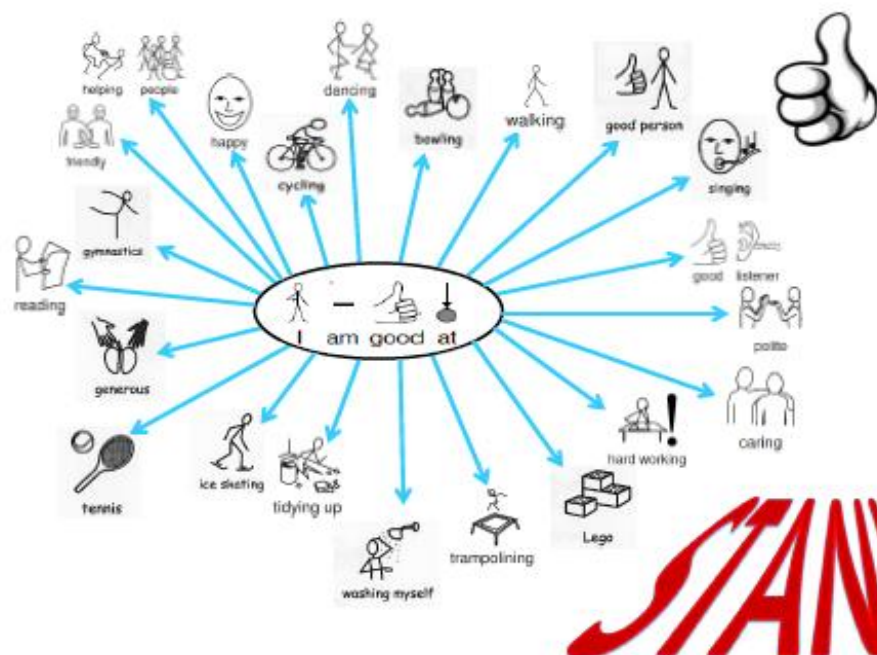
### Scaling

#### Reading





## Appendix S – Stanley's poster



### When I am 20 years old....

- I would like to go to college, but not Harlow college as it is too big
- I would like to be able to tell the time
- I would like to study science
- I would like to have my own pet dog
- I would like to be able to talk to people I don't know
- I would like to go shopping for food on my own
- I would like to learn about money
- I would like to have a job, where I feel comfortable, maybe outside-not in a shop or a café
- I would like to be able to cook my own meals (pasta)
- I would like longer sleeps in bed
- I would like to be able to sort out a problem by myself



# STANLEY



### Scaling

